

STATE OF MICHIGAN  
CIRCUIT COURT FOR THE 30<sup>TH</sup> JUDICIAL CIRCUIT  
INGHAM COUNTY

LINDA A. WATTERS, COMMISSIONER,  
MICHIGAN DEPARTMENT OF LABOR AND  
ECONOMIC GROWTH, OFFICE OF FINANCIAL  
AND INSURANCE SERVICES

Petitioner,

Case No. 05-1472-CR

Hon. William E. Collette

v.

ULTIMED HMO OF MICHIGAN, INC.,  
a Michigan health maintenance organization,

Respondent.

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**PETITIONER'S RESPONSE IN OPPOSITION TO  
MOTION FOR APPROVAL OF PAYMENT OF ULTIMED'S DIRECTORS'  
PROFESSIONAL FEES AND COSTS UNDER MCLA 500.8116(A)**

**Introduction**

The Board of Directors ("Directors") and legal counsel of Respondent Ultimed HMO of Michigan, Inc. ("Ultimed" or the "Company") are requesting this Court to award them payment from the limited assets of Ultimed's Liquidation Estate for legal costs claimed to have been incurred defending against the Liquidation Petition filed by Petitioner, Linda A. Watters, Commissioner, Michigan Department of Labor and Economic Growth (the "Commissioner"). As this Court is aware, Ultimed's Directors' defense against the Liquidation Petition was

unsuccessful, and the Court entered a Corrected Order for Liquidating Receivership and Declaration of Insolvency of Ultimed HMO of Michigan, Inc. on April 10, 2006.

Pursuant to MCL 500.8116(1), the decision whether to order payment of defense costs and expenses from Ultimed's Liquidation Estate rests within the sound discretion of this Court "as justice may require." Given the limited assets remaining in Ultimed's Liquidation Estate, the multitude of claims against the Liquidation Estate by legitimate creditors of Ultimed, the wrongful acts committed by the principals of Ultimed that contributed to and/or caused the Company's Liquidation, and the other considerations set forth below, the Court should deny Ultimed's Directors' payment request.

### **Argument**

#### **I. The limited assets of Ultimed's Liquidation Estate are intended for the payment of administration costs and Ultimed's legitimate creditors.**

Attached as Exhibit A is a Preliminary Liquidation Balance Sheet ("Balance Sheet") prepared by Special Deputy Liquidator James Gerber on April 19, 2006. As the Balance Sheet reflects, the Liquidation Estate assets in the amount of \$881,063 are overwhelmed by \$13,838,555 in claimed liabilities. Moreover, the largest Estate asset is the \$470,000 remaining in the Comerica Trust Account. The money in this account represents the statutory deposit required by MCL 500.3553(3), which provides that HMOs maintaining a certificate of authority to conduct business in Michigan must maintain a deposit in an amount determined adequate by the Commissioner to ensure that the HMO is "safe, reliable, and entitled to public confidence." More importantly, MCL 500.3553(4) mandates that this deposit is "for the sole benefit of the subscribers and enrollees in case of insolvency." MCL 500.8141a governs the priority of payment of any claims to be paid from this deposit, giving last priority to the stockholders and owners of Ultimed. The Comerica Trust Account funds are therefore statutorily earmarked for the benefit of Ultimed's subscribers and enrollees, namely, for the administration of the

Liquidation Estate and the payment of creditor claims. Accordingly, Ultimed's Directors' requested costs cannot be paid from the remaining funds in the Comerica Trust Account.

Consistent with MCL 500.3553(4), any reimbursement ordered by the Court must be paid from the non-deposit assets of Ultimed's Liquidation Estate, which total only \$411,063. Mr. Gerber indicates on the Balance Sheet his belief that most of the Estate assets, including the statutory deposit, will be exhausted by administrative costs. Under this scenario, little or no money will remain in the Estate for the payment of Ultimed's legitimate creditors. Thus, the Court's award of any money to Ultimed's Directors for reimbursement of defense costs would constitute a preferential payment to Ultimed "insiders" to the direct detriment of the administration of the Liquidation Estate and the potential payment of Ultimed's legitimate creditors. For this reason, justice does not require that Ultimed's Directors be reimbursed their defense costs from the limited Liquidation Estate assets, and the Commissioner respectfully requests that the Court safeguard these much-needed remaining assets by denying Ultimed's Directors' payment request.

**II. Ultimed's liquidation was caused in large part, if not wholly, by the mismanagement and malfeasance of the Ultimed Directors who now seek reimbursement of their defense costs.**

In reviewing Ultimed's books and records, Special Deputy Liquidator James Gerber has uncovered numerous documents evidencing acts of gross mismanagement and outright malfeasance committed by the Directors and controlling principals of Ultimed who now seek payment from the Court. Two of the most egregious examples of this conduct discovered to date are:

- (a) \$7,477,660 in wire transfers from Ultimed to an Ultimed affiliate, Community Health Care Providers, Inc. d/b/a United Community Hospital (the "Hospital"), from 2002 to 2005 without any Board authorization, nearly \$3 million of which Ultimed transferred to the Hospital without receiving any consideration in return (Exhibit B); and
- (b) Ultimed's payment of the American Express bills of its Directors and controlling principals, Harley Brown and Robin Barclay, from at least 2002 through 2004 for

non-Ultimed related expenses including flights for themselves and others to locations such as Las Vegas, Atlanta, and Aspen, stays at lavish hotels, and limousine rentals. Account statements for February and March 2004 only are attached as Exhibit C; however, upon the Court's request, additional statements for the period from 2002 to 2004 evidencing thousands of dollars of these types of expenditures can be provided.

These documents evidence the irresponsible and reprehensible conduct of Ultimed's Directors who, knowing the tenuous financial condition of Ultimed, continued to support other affiliated businesses and make extravagant non-business expenditures from Ultimed's accounts. Nevertheless, the principals who engaged in this conduct now call upon this Court to reimburse them nearly \$5,000 for defending against a Liquidation Petition that was necessitated by their wrongful acts. Pursuant to MCL 500.8116(1), justice compels that these Ultimed "insiders," whose wrongful acts led to the Company's liquidation, not be paid their defense costs at the expense of the administration of the Liquidation Estate and the payment of legitimate creditors.

**III. Ultimed's Board of Directors could have avoided incurring any defense costs by stipulating to the Liquidation Order, but instead chose to raise frivolous defenses to the Liquidation Petition that this Court summarily rejected.**

As this Court is aware, Ultimed's Directors raised three primary objections in response to the Commissioner's Liquidation Petition. The first objection was that Ultimed's liabilities were overstated because they included liabilities arising from the Wayne County ABW Program business that Ultimed had transferred, without the consent or approval of the creditors from which the liabilities arose, to an Ultimed affiliate. Even had these liabilities been excluded, Ultimed still possessed substantial negative net worth, did not meet the statutory requirements for operating an HMO, and was subject to liquidation. Moreover, the Court recognized the propriety of Special Deputy Gerber including these liabilities in his net worth calculations because of the possibility that the at-issue creditors were not legally bound to recognize the transfer. Accordingly, this argument, even if accepted by the Court, presented no viable defense to the Liquidation Petition and was needlessly raised.

Ultimed's Directors' second "objection" to the Liquidation Petition centered upon the possible infusion of capital into the Company and a corresponding request for more time. This argument cannot even be properly considered a defense, but was rather an attempt to delay entry of the Liquidation Order. In any event, no additional infusion was ever secured and the Court recognized that further delaying entry of the Liquidation Order was not appropriate. Again, this argument did not constitute any meaningful defense to liquidation but was rather a frivolous delay tactic.

Finally, Ultimed's Directors objected to specific provisions contained in the proposed Liquidation Order that referred to Ultimed's affiliates. Again, this was not a defense to liquidation generally, but rather to certain provisions contained in the Liquidation Order that could have been discussed and negotiated without the need for any hearing. Furthermore, the Court recognized that these provisions were appropriately contained in the Liquidation Order because of the possibility of fraudulent transfers of assets belonging to Ultimed by affiliated parties. Thus, this final "objection" to the Liquidation Petition lacked any merit.

None of Ultimed's Directors' frivolous defenses to the Liquidation Petition were "reasonably necessary" to defend against the Petition, as required by MCL 500.8116(1). Instead, these defenses were pointlessly raised in an attempt to delay entry of the Liquidation Order, and resulted only in Ultimed's Directors incurring unnecessary legal costs having no substantive benefit. After serving the Liquidation Petition upon counsel for Ultimed's Directors, the undersigned suggested that the Directors had no defenses to liquidation and should stipulate to the proposed Liquidation Order. This proposal was rejected by Ultimed's Directors and their legal counsel. Thus, Ultimed's Directors consciously elected to incur legal costs by pursuing defenses that had no merit. Under these circumstances, justice does not require that Ultimed's Directors be reimbursed for its needlessly-incurred legal costs, particularly when any reimbursement would be to the detriment of the Ultimed's legitimate creditors and to the

administration of the Liquidation Estate. Accordingly, the Court should deny Ultimed's Directors' payment request.

**IV. Mr. Tillman's prior legal bills evidence possible payments by Ultimed to Mr. Tillman for non-Ultimed related legal work and/or preferential payments under MCL 500.8128 that must be returned to Ultimed's Liquidation Estate and constitute an offset against any amounts awarded by the Court for reimbursement of defense costs.**

Upon receiving Mr. Tillman's informal (i.e., non-motion) request for payment of his legal costs and expenses on April 18, 2006, Special Deputy Gerber sent Mr. Tillman a letter on April 20, 2006 requesting copies of Mr. Tillman's Ultimed legal bills for the period from December 16, 2004 to the present. The documents Mr. Tillman provided in response to this letter were received on April 25, 2006. In addition, Special Deputy Gerber has recently located, at Ultimed's offices, copies of Mr. Tillman's legal invoices from 1999 through 2005, as well as documents evidencing payments by Ultimed to Mr. Tillman totaling \$95,084.69 for the period from May 6, 2005 through December 2, 2005 alone. *See* Exhibit D. Mr. Tillman's invoices and documents evidencing payments to Mr. Tillman are still being reviewed.

Based upon the foregoing documents, in the event that the Court determines that Mr. Tillman is entitled to be paid any amount for Ultimed's Directors' defense costs, the Commissioner requests that the amount awarded not be payable from the Liquidation Estate until after a final determination has been made regarding the amounts that Mr. Tillman owes to the Ultimed Liquidation Estate because of payments by Ultimed for non-Ultimed related legal services and/or payments that constitute voidable preferences recoverable by the Estate. In this way, Mr. Tillman would receive a "credit" in the amount awarded by the Court that would be offset against any amounts determined to be owed by Mr. Tillman to the Liquidation Estate. Justice requires that no money be distributed to Mr. Tillman from the assets of the Liquidation Estate when it is entirely possible, if not likely, that Mr. Tillman in fact owes the Estate money. Therefore, even if the Court awards some reimbursement of defense costs, the Commissioner

requests that the amount awarded not be distributed until the foregoing determinations have been made.

**V. Any amount the Court awards to Ultimed's Board of Directors should be submitted and paid as a claim against Ultimed's Managed Care Errors and Omissions Policy.**

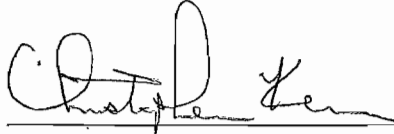
Ultimed possesses a "claims made" Managed Care Errors and Omissions Liability Policy, issued by Executive Risk Indemnity Inc. ("Executive Risk"), that includes provisions for the payment of defense costs incurred as a result of the errors or omissions committed by Ultimed's directors, officers, and employees. The Commissioner, as Liquidator, submitted a timely notice of claims and demand to Executive Risk informing the company that, among other claims, a claim was being made for the defense costs incurred by Ultimed's Board of Directors in defending against the Liquidation Petition. Accordingly, assuming that the Court awards any amount to Ultimed's Directors for payment of defense costs, and assuming that Mr. Tillman is owed money after offsetting amounts that he must reimburse the Liquidation Estate, these costs should be treated as a claim against and paid from any proceeds distributed under the Ultimed Errors & Omissions Policy. No present payment should be required from the existing, minimal assets of Ultimed's Liquidation Estate. The Commissioner therefore respectfully requests that if any defense costs are awarded, they be treated in this manner.

**Conclusion**

For each of the reasons outlined above, the Commissioner respectfully requests this Court to deny the request by Ultimed's Directors for payment of their defense costs and expenses. Should the Court decide to award any amount to Ultimed's Directors and Mr. Tillman, the Commissioner respectfully requests that payment of the amount awarded be conditioned as outlined above.

Respectfully submitted

Michael A. Cox  
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Dated: May 8, 2006

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EXHIBIT A

PRELIMINARY LIQUIDATION BALANCE SHEET  
APRIL 19, 2006

ASSETS

Checking Accounts	\$ 29,000
2002 Federal Tax Refund	344,192
Coamerica Trust Account	470,000
Wayne County ABW Trust	<u>37,871</u>
Total Assets	<u>\$ 881,063</u>

LIABILITIES

Platinum Unpaid Claims	\$3,200,000
Unpaid Trade Vendors	150,000
CVS-PlusCare	1,822,139
CVS-Rite Aid	1,457,645
Unpaid Wayne County Claims	<u>7,258,502</u>
Total Liabilities	<u>\$13,838,555</u>
Net Deficit	<u>\$(13,007,223)</u>

Based on the above, it is likely that most of the assets will be used for administration of the estate.

ExHIBIT B

ULTIMED HMO OF MICHIGAN  
Transaction Report  
2002

Date	From General	To Claims	To Payroll	To Money Mkt (#1)	To CD	To First Independence	To Platinum Health	To UCH	Net	Reason
1-Jan										
30-Jan	(81,000.00)		81,000.00						0.00	
24-Jan	(57,000.00)							57,000.00	0.00	
10-Jan	(52,000.00)							52,000.00	0.00	
16-Jan	(83,000.00)		83,000.00						0.00	
16-Jan	(26,000.00)							26,000.00	0.00	
5-Jan	(300,000.00)	300,000.00							0.00	BAT115-122
3-Jan	(400,000.00)	400,000.00							0.00	BAT115-122
7-Jan	(6,000.00)							6,000.00	0.00	
2-Jan	(83,000.00)		83,000.00						0.00	
	(1,088,000.00)	700,000.00	247,000.00	0.00		0.00		141,000.00	0.00	
1-Feb										
27-Feb	(80,000.00)		80,000.00						0.00	
22-Feb	(59,500.00)							59,500.00	0.00	
22-Feb	(350,000.00)	350,000.00							0.00	BAT118-121
15-Feb	(71,000.00)			71,000.00					0.00	
15-Feb	(71,000.00)			71,000.00					0.00	
14-Feb	(50,000.00)								0.00	
13-Feb	(80,000.00)	50,000.00	80,000.00						0.00	
13-Feb	(59,000.00)							59,000.00	0.00	
8-Feb	(12,000.00)			(71,000.00)				12,000.00	0.00	
8-Feb	71,000.00								0.00	
8-Feb	(12,000.00)								0.00	
1-Feb	(98,576.08)			98,576.08					0.00	
1-Feb	(100,000.00)	100,000.00							0.00	GE Capital Fun
	(972,076.08)	500,000.00	160,000.00	169,576.08				142,500.00	0.00	
1-Mar										
27-Mar	(81,000.00)		81,000.00						0.00	
25-Mar	(5,000.00)							5,000.00	0.00	
25-Mar	(5,000.00)							5,000.00	0.00	
22-Mar	(59,500.00)							59,500.00	0.00	
21-Mar	112,666.66			(112,666.66)					0.00	
15-Mar	(13,000.00)							13,000.00	0.00	
13-Mar	(80,000.00)		80,000.00						0.00	
12-Mar	(68,000.00)							68,000.00	0.00	
7-Mar	(59,500.00)							59,500.00	0.00	

ULTIMED HMO OF MICHIGAN  
Transaction Report  
2002

Date	From General	To Claims	To Payroll	To Money Mkt (#1)	To CD	To First Independence	To Platinum Health	To UCH	Net	Reason
1-Apr	(258,333.34)	0.00	161,000.00	(112,666.66)				210,000.00	0.00	
26-Apr	(40,000.00)									
25-Apr	(80,500.00)		80,500.00					40,000.00	0.00	
25-Apr	(5,000.00)							5,000.00	0.00	
25-Apr	80,500.00		(80,500.00)						0.00	
24-Apr	(80,500.00)		80,500.00						0.00	
18-Apr	(67,500.00)							67,500.00	0.00	
17-Apr	(150,000.00)	150,000.00							0.00	
12-Apr	(83,000.00)							83,000.00	0.00	
10-Apr	(75,000.00)		75,000.00						0.00	
10-Apr	40,000.00			(40,000.00)					0.00	
10-Apr	20,000.00	(20,000.00)							0.00	
9-Apr	(26,000.00)							26,000.00	0.00	
9-Apr	45,000.00			(45,000.00)					0.00	
4-Apr	(59,500.00)	350,000.00						59,500.00	0.00	
2-Apr	(350,000.00)								0.00	
	(831,500.00)	480,000.00	155,500.00	(85,000.00)				281,000.00	0.00	
31-May	(305,000.00)	305,000.00							0.00	
24-May							40,000.00		0.00	
23-May	(40,000.00)								0.00	
22-May	(82,000.00)		82,000.00						0.00	
9-May	100,000.00								(100,000.00)	Ulticare
8-May	(80,000.00)		80,000.00			(30,000.00)		30,000.00	0.00	
8-May									0.00	
3-May	80,441.97				(100,000.00)				0.00	
3-May	(67,500.00)				(80,441.97)			67,500.00	0.00	Ulticare
2-May	(394,058.03)	305,000.00	162,000.00	0.00	(180,441.97)	(30,000.00)	40,000.00	97,500.00	0.00	
1-Jun										
28-Jun	(95,000.00)								0.00	
20-Jun	(84,000.00)		84,000.00					95,000.00	0.00	
18-Jun	(25,000.00)							25,000.00	0.00	
14-Jun	(50,000.00)	50,000.00							0.00	
13-Jun	(86,000.00)		82,000.00					86,000.00	0.00	BAT 123-124
6-Jun	(82,000.00)								0.00	
	(422,000.00)	50,000.00	166,000.00	0.00	0.00	0.00		206,000.00	0.00	

ULTIMED HMO OF MICHIGAN  
Transaction Report  
2002

Date	From General	To Claims	To Payroll	To Money Mkt (#1)	To CD	To First Independence	To Platinum Health	To UCH	Net	Reason
2-Jul										
30-Jul	(30,000.00)	30,000.00							0.00	Oakwood
25-Jul	(58,000.00)							58,000.00	0.00	
25-Jul	(16,000.00)							16,000.00	0.00	
24-Jul	(77,000.00)							77,000.00	0.00	
23-Jul	(7,000.00)							7,000.00	0.00	
17-Jul	(79,000.00)		79,000.00						0.00	
12-Jul	(90,000.00)							90,000.00	0.00	
12-Jul	(200,000.00)	200,000.00							0.00	BAT 126 - DMU
9-Jul	37,000.00								0.00	Ulticare
3-Jul	(48,000.00)								(37,000.00)	Ulticare
2-Jul	(30,000.00)	30,000.00							48,000.00	Ulticare
2-Jul	(83,000.00)		83,000.00						0.00	
2-Jul	(37,000.00)								0.00	Ulticare
	(718,000.00)	260,000.00	162,000.00	0.00	0.00	0.00		248,000.00	37,000.00	
									48,000.00	
1-Aug										
30-Aug	(400,000.00)	400,000.00							0.00	BAT 125-133
29-Aug	(10,000.00)							10,000.00	0.00	
29-Aug	(79,000.00)		79,000.00						0.00	
23-Aug	(44,500.00)							44,500.00	0.00	
23-Aug	(95,500.00)							95,500.00	0.00	
20-Aug	(10,000.00)							10,000.00	0.00	
20-Aug	(10,000.00)							10,000.00	0.00	
19-Aug	(20,000.00)	20,000.00					20,000.00		0.00	
16-Aug	(20,000.00)								0.00	
14-Aug	(84,000.00)		84,000.00						0.00	
9-Aug	(12,500.00)							12,500.00	0.00	
9-Aug	(1,250.00)							1,250.00	0.00	
9-Aug	(93,500.00)							93,500.00	0.00	
5-Aug	(9,000.00)							9,000.00	0.00	
2-Aug	(19,000.00)								0.00	
2-Aug	(10,000.00)	10,000.00							0.00	BAT 122-125
1-Aug	(80,000.00)		80,000.00						0.00	
	(998,250.00)	430,000.00	243,000.00	0.00	0.00	0.00	20,000.00	305,250.00	0.00	
1-Sep										
27-Sep	(9,000.00)								0.00	ST JOHN
27-Sep	(175,000.00)	175,000.00						9,000.00	0.00	
25-Sep	(85,000.00)		85,000.00						0.00	

ULTIMED HMO OF MICHIGAN  
Transaction Report  
2002

Date	From General	To Claims	To Payroll	To Money Mkt (#1)	To CD	To First Independence	To Platinum Health	To UCH	Net	Reason
24-Sep	(150,000.00)	150,000.00							0.00	DMC
24-Sep	(130,000.00)	130,000.00							0.00	UNIMED
20-Sep	(5,000.00)							5,000.00	0.00	
19-Sep	(98,000.00)							98,000.00	0.00	
19-Sep	(15,000.00)							15,000.00	0.00	
13-Sep	(28,000.00)							28,000.00	0.00	BAT 125-133
11-Sep	(105,000.00)						105,000.00		0.00	
11-Sep	(89,000.00)		89,000.00						0.00	
9-Sep	100,000.00								(93,000.00)	
5-Sep	(17,000.00)							17,000.00	0.00	
5-Sep	(88,000.00)							88,000.00	0.00	
4-Sep	(40,000.00)							40,000.00	0.00	
	(934,000.00)	455,000.00	174,000.00	0.00	0.00	0.00	105,000.00	293,000.00	(93,000.00)	
25-Oct	(5,000.00)								0.00	
24-Oct	(5,000.00)							5,000.00	0.00	
23-Oct	(75,000.00)		75,000.00					5,000.00	0.00	
23-Oct	(150,000.00)	150,000.00							0.00	
22-Oct	(200,000.00)	200,000.00							0.00	
18-Oct	(97,000.00)							97,000.00	0.00	
16-Oct	(50,000.00)							50,000.00	0.00	
9-Oct	(85,000.00)		85,000.00						0.00	
4-Oct	(130,000.00)	130,000.00							0.00	
4-Oct	(92,000.00)							92,000.00	0.00	
4-Oct	(175,000.00)	175,000.00							0.00	
4-Oct	89,000.00		(89,000.00)						0.00	
	(975,000.00)	655,000.00	71,000.00	0.00	0.00	0.00	0.00	249,000.00	0.00	
27-Nov	(92,000.00)								0.00	
27-Nov	(65,000.00)	65,000.00						92,000.00	0.00	
27-Nov	(47,500.00)							47,500.00	0.00	
21-Nov	(50,000.00)						50,000.00		0.00	
21-Nov	(76,000.00)		76,000.00						0.00	
21-Nov	(8,000.00)							8,000.00	0.00	
21-Nov	(20,000.00)							20,000.00	0.00	
18-Nov	(13,500.00)							13,500.00	0.00	
15-Nov	(84,000.00)							84,000.00	0.00	
13-Nov	(24,000.00)							24,000.00	0.00	
12-Nov	(15,000.00)	15,000.00							0.00	
7-Nov	(8,000.00)							8,000.00	0.00	
6-Nov	(82,500.00)		82,500.00						0.00	
1-Nov	(89,000.00)							89,000.00	0.00	
	(674,500.00)	80,000.00	158,500.00	0.00	0.00	0.00	50,000.00	386,000.00	0.00	

ULTIMED HMO OF MICHIGAN  
Transaction Report  
2002

Date	From General	To Claims	To Payroll	To Money Mkt (#1)	To CD	To First Independence	To Platinum Health	To UCH	Net	Reason
20-Dec	(200,000.00)	200,000.00					25,000.00		0.00	
19-Dec	(25,000.00)								0.00	
18-Dec	(85,000.00)		85,000.00						0.00	
16-Dec	(15,000.00)	15,000.00							0.00	
15-Dec	(51,000.00)							51,000.00	0.00	
13-Dec	(107,000.00)							107,000.00	0.00	
10-Dec	50,000.00								(50,000.00)	
8-Dec	(80,000.00)		80,000.00						0.00	
5-Dec	(50,000.00)								50,000.00	
2-Dec									0.00	
	(563,000.00)	215,000.00	165,000.00	0.00	0.00	0.00	25,000.00	158,000.00	0.00	
Year-To-Date	(8,828,717.45)	4,130,000.00	2,025,000.00	(28,090.58)	(180,441.97)	(30,000.00)	240,000.00	2,717,250.00	(45,000.00)	

2002 Year-To-Date Total Transfers

Ultimed	Platinum	U.C.H.	UltiCare
(2,912,250.00)	240,000.00	2,717,250.00	(45,000.00)



Ultimed HMO of Michigan  
Transaction Report

Date	From General	To Claims	To Payroll	To UCH	Reason
<b>Dec-01</b>					
#####	\$ (350,000.00)	\$ 350,000.00			Medicaid Claims - 12/21/01
#####	\$ (8,500.00)			\$ 8,500.00	UCH Rent & Capitation
#####	\$ (55,000.00)			\$ 55,000.00	UCH Rent & Capitation
 <b>Jan-02</b>					
1/3/2002	\$ (400,000.00)	\$ 400,000.00			Claims BAT 117-119
1/2/2002	\$ (83,000.00)		\$ 83,000.00		PP Ending 12/29/01

**Note:** All bank transfers 5 days before and after 12/31/2001

ULTIMED HMO OF MICHIGAN  
Transaction Report  
2003

Date	From General	To Claims	To Payroll	To Money Mkt (#1)	To Money Mkt 1st Indpend	To Merrill Lynch	From Community Trust	To Platinum Health	To Utlicare	To UCH	Net	Reason
1-Jan												
30-Jan	(200,000.00)	200,000.00									0.00	
29-Jan	(84,000.00)		84,000.00								0.00	
24-Jan	(128,000.00)										0.00	
23-Jan	(30,000.00)	30,000.00								128,000.00	0.00	
23-Jan	(25,000.00)	25,000.00									0.00	
16-Jan	(83,000.00)		83,000.00								0.00	
10-Jan	(111,600.00)									111,600.00	0.00	
8-Jan	(125,000.00)				125,000.00						0.00	
8-Jan	(25,000.00)									25,000.00	0.00	
6-Jan	(14,000.00)									14,000.00	0.00	
3-Jan	(7,000.00)									7,000.00	0.00	
	(832,600.00)	255,000.00	167,000.00	0.00	125,000.00		0.00	0.00		285,600.00	0.00	
1-Feb												
26-Feb	(85,000.00)		85,000.00								0.00	
21-Feb	(110,000.00)									110,000.00	0.00	
21-Feb	(15,500.00)									15,500.00	0.00	
19-Feb	(200,000.00)	200,000.00									0.00	
13-Feb	(13,500.00)									13,500.00	0.00	
13-Feb	(72,500.00)									72,500.00	0.00	
12-Feb	(84,000.00)										0.00	
7-Feb	(114,000.00)		84,000.00							114,000.00	0.00	
7-Feb	(15,000.00)									15,000.00	0.00	
3-Feb	(18,000.00)									18,000.00	0.00	
	(727,500.00)	200,000.00	169,000.00	0.00	0.00		0.00	0.00		358,500.00	0.00	
1-Mar												
26-Mar	(82,000.00)		82,000.00								0.00	
21-Mar	(20,000.00)									20,000.00	0.00	
21-Mar	(126,000.00)									126,000.00	0.00	
17-Mar	(100,000.00)	100,000.00									0.00	
14-Mar	(16,000.00)									16,000.00	0.00	
13-Mar	(250,000.00)	250,000.00									0.00	
12-Mar	(82,000.00)		82,000.00								0.00	
7-Mar	(99,000.00)									99,000.00	0.00	
6-Mar	(20,000.00)									20,000.00	0.00	
	(795,000.00)	350,000.00	164,000.00	0.00	0.00		0.00	0.00		281,000.00	0.00	
1-Apr												
25-Apr	(16,000.00)									16,000.00	0.00	
23-Apr	(77,000.00)		77,000.00								0.00	
18-Apr										115,500.00	0.00	
16-Apr	(72,500.00)							(115,500.00)		72,500.00	0.00	
11-Apr	(26,000.00)									26,000.00	0.00	
11-Apr	(12,000.00)									12,000.00	0.00	

ULTIMED HMO OF MICHIGAN  
Transaction Report  
2003

Date	From General	To Claims	To Payroll	To Money Mrkt (#1)	To Money Mrkt 1st Indpend	To Merrill Lynch	From Community Trust	To Platinum Health	To Ulficare	To UCH	Net	Reason
10-Apr	(50,000.00)							50,000.00			0.00	
10-Apr	(79,000.00)		79,000.00								0.00	
8-Apr	(15,000.00)	15,000.00									0.00	
4-Apr										119,000.00	0.00	
	(347,500.00)	15,000.00	156,000.00	0.00	0.00		0.00	(119,000.00)		361,000.00	0.00	
1-May												
30-May	(102,500.00)									102,500.00	0.00	
23-May	(14,000.00)									14,000.00	0.00	
21-May	(79,000.00)		79,000.00								0.00	
16-May	(6,500.00)									6,500.00	0.00	
16-May	(111,300.00)									111,300.00	0.00	
15-May	(20,000.00)									20,000.00	0.00	
13-May	(50,000.00)	50,000.00									0.00	
8-May	(17,000.00)		17,000.00								0.00	
8-May	125,000.00				(125,000.00)						0.00	
7-May	(63,000.00)		63,000.00								0.00	
6-May	(125,000.00)				125,000.00						0.00	
6-May	(8,300.00)									8,300.00	0.00	
2-May	(115,500.00)									115,500.00	0.00	
2-May	15,000.00			(15,000.00)							0.00	
2-May	15,000.00							(15,000.00)			0.00	
	(557,100.00)	50,000.00	159,000.00	(15,000.00)	0.00		0.00	(15,000.00)		378,100.00	0.00	
1-Jun												
30-Jun	(125,000.00)	125,000.00									0.00	
27-Jun	(56,500.00)									56,500.00	0.00	
27-Jun	(68,500.00)									68,500.00	0.00	
25-Jun	50,000.00							(50,000.00)			0.00	
20-Jun	(6,500.00)									6,500.00	0.00	
20-Jun	(25,000.00)	25,000.00									0.00	
18-Jun	(81,000.00)		81,000.00								0.00	
18-Jun	(30,000.00)									30,000.00	0.00	
13-Jun	(135,500.00)									135,500.00	0.00	
13-Jun	(199,500.00)							199,500.00			0.00	
5-Jun	(75,000.00)		75,000.00								0.00	
	(752,500.00)	150,000.00	156,000.00	0.00	0.00		0.00	149,500.00		297,000.00	0.00	
1-Jul												
31-Jul	150,000.00					(150,000.00)					0.00	
31-Jul	(80,000.00)		80,000.00						31,000.00		0.00	
28-Jul	(31,000.00)									(20,000.00)	0.00	
28-Jul	20,000.00									20,000.00	0.00	
28-Jul	(20,000.00)										0.00	
25-Jul	100,000.00				(100,000.00)						0.00	
25-Jul	(148,900.00)									148,900.00	0.00	
23-Jul	(7,000.00)									7,000.00	0.00	
18-Jul	(108,000.00)		108,000.00			(150,000.00)					0.00	
17-Jul	150,000.00										0.00	

ULTIMED HMO OF MICHIGAN  
Transaction Report  
2003

Date	From General	To Claims	To Payroll	To Money Mkt (#1)	To Money Mkt 1st Indpend	To Merrill Lynch	From Community Trust	To Platinum Health	To Ulficare	To UCH	Net	Reason
10-Jul	100,000.00							(85,000.00)	(100,000.00)		0.00	
7-Jul	85,000.00										0.00	
7-Jul	15,000.00		(15,000.00)								0.00	
2-Jul	(83,000.00)		83,000.00								0.00	
2-Jul	70,000.00							(70,000.00)			0.00	
	<b>212,100.00</b>	<b>0.00</b>	<b>256,000.00</b>	<b>0.00</b>	<b>(100,000.00)</b>	<b>(300,000.00)</b>	<b>0.00</b>	<b>(155,000.00)</b>	<b>(69,000.00)</b>	<b>155,900.00</b>	<b>0.00</b>	
1-Aug												
29-Aug	24,000.00							(917.40)	(7,000.00)	(24,000.00)	0.00	A. George Payroll Adjustmen
29-Aug			917.40						(7,000.00)		0.00	
29-Aug			7,000.00								0.00	
29-Aug			7,000.00								0.00	
29-Aug			56,000.00					(56,000.00)			0.00	
27-Aug	10,000.00							(10,000.00)			0.00	
22-Aug	(38,000.00)							(12,500.00)			0.00	
22-Aug	12,500.00							(17,500.00)			0.00	
20-Aug	17,500.00										0.00	
19-Aug	65,000.00										0.00	
18-Aug	90,000.00										0.00	
18-Aug	(88,000.00)										0.00	
8-Aug	(20,000.00)										0.00	
7-Aug	37,000.00										0.00	
1-Aug	40,000.00										0.00	
1-Aug	(88,000.00)	5,000.00	88,000.00							20,000.00	0.00	
1-Aug								(5,000.00)			0.00	
	<b>62,000.00</b>	<b>5,000.00</b>	<b>284,917.40</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>(178,917.40)</b>	<b>(169,000.00)</b>	<b>(4,000.00)</b>	<b>0.00</b>	
1-Sep												
29-Sep	3,000.00										0.00	
26-Sep	(10,000.00)									(3,000.00)	0.00	
26-Sep	(10,000.00)		10,000.00							10,000.00	0.00	
26-Sep	(10,000.00)		10,000.00								0.00	
26-Sep	45,000.00										0.00	
26-Sep	20,000.00									(45,000.00)	0.00	
26-Sep	10,000.00									(10,000.00)	0.00	
26-Sep			55,000.00					(55,000.00)			0.00	
23-Sep	21,000.00										0.00	
19-Sep	45,000.00							(45,000.00)		(21,000.00)	0.00	
18-Sep	9,776.86							(9,776.86)			0.00	
18-Sep	18,000.00							(18,000.00)			0.00	
12-Sep	45,000.00										0.00	
12-Sep			88,000.00						(45,000.00)		0.00	
	<b>186,776.86</b>	<b>0.00</b>	<b>163,000.00</b>	<b>0.00</b>	<b>(10,000.00)</b>	<b>(10,000.00)</b>	<b>0.00</b>	<b>(127,776.86)</b>	<b>(133,000.00)</b>	<b>(69,000.00)</b>	<b>0.00</b>	Admin Expenses/South Oakli
1-Oct												
31-Oct	(20,000.00)										0.00	
31-Oct	(20,000.00)		20,000.00						20,000.00		0.00	
31-Oct	(80,000.00)									80,000.00	0.00	
31-Oct	(300,000.00)							300,000.00			0.00	

ULTIMED HMO OF MICHIGAN  
Transaction Report  
2003

Date	From General	To Claims	To Payroll	To Money Mrkt (#1)	To Money Mrkt 1st Indpend	To Merrill Lynch	From Community Trust	To Platinum Health	To UtiCare	To UCH	Net	Reason
30-Oct								(5,000.00)		5,000.00	0.00	
28-Oct			10,000.00					(31,000.00)	11,000.00	10,000.00	0.00	
24-Oct			60,000.00							(60,000.00)	0.00	
20-Oct	23,000.00							(5,000.00)	(23,000.00)		0.00	
10-Oct	5,000.00										0.00	
10-Oct	140,000.00						(140,000.00)				0.00	
10-Oct	(30,000.00)								30,000.00		0.00	
10-Oct	(5,000.00)		5,000.00								0.00	
10-Oct	(75,000.00)		75,000.00								0.00	
10-Oct	40,522.23							(40,522.23)			0.00	
9-Oct	4,400.00		4,600.00					(17,700.00)	7,500.00	1,200.00	0.00	Administrative Expenses
	(317,077.77)	0.00	174,600.00	0.00	0.00	0.00	(140,000.00)	200,777.77	45,500.00	36,200.00	0.00	
1-Nov												
26-Nov	(150,000.00)	150,000.00									0.00	
24-Nov	(100,000.00)							100,000.00			0.00	
19-Nov	(107,000.00)		107,000.00								0.00	
7-Nov	(50,000.00)								50,000.00		0.00	
5-Nov	(18,000.00)								18,000.00		0.00	
5-Nov	(81,000.00)		81,000.00						20,000.00		0.00	
4-Nov	(20,000.00)							(13,853.24)			0.00	
4-Nov	13,853.24							(280.00)			0.00	Shai Grace Hospital Anesthesia Services
4-Nov	280.00									8,000.00	0.00	
4-Nov	(8,000.00)									8,000.00	0.00	
	(519,866.76)	150,000.00	188,000.00	0.00	0.00	0.00	0.00	85,866.76	88,000.00		0.00	
1-Dec												
31-Dec	(108,807.93)							108,807.93			0.00	
31-Dec	(120,000.00)		120,000.00								0.00	
30-Dec	(50,000.00)							50,000.00			0.00	
30-Dec	(340,000.00)	340,000.00									0.00	
26-Dec	(20,000.00)	20,000.00									0.00	
19-Dec	50,000.00							(50,000.00)			0.00	
18-Dec	(123,000.00)		123,000.00								0.00	
12-Dec	(100,000.00)							100,000.00			0.00	
5-Dec	(130,000.00)	130,000.00									0.00	
3-Dec	(113,000.00)		113,000.00								0.00	
	(1,054,807.93)	490,000.00	356,000.00	0.00	0.00	0.00	0.00	208,807.93	0.00	0.00	0.00	
Year-To-Date	(5,443,075.60)	1,665,000.00	2,393,517.40	(15,000.00)	15,000.00	(310,000.00)	(140,000.00)	(16,241.80)	(237,500.00)	2,088,300.00	0.00	

2003 Year-To-Date Total Transfers	C.C.P.	ULTIMED	UtiCare	U.C.H.
	(1,834,556.20)	(16,241.80)	(237,500.00)	2,088,300.00

ULTIMED HMO OF MICHIGAN  
Transaction Report  
2003

[REDACTED]

Date	From General	To UCH	To Payroll	To Platinum Health	Net	Reason
<b>1-Jan</b>						
24-Jan	(128,000.00)	128,000.00			0.00	
10-Jan	(111,600.00)	111,600.00			0.00	
8-Jan	(25,000.00)	25,000.00			0.00	
6-Jan	(14,000.00)	14,000.00			0.00	
3-Jan	(7,000.00)	7,000.00			0.00	
	<b>(285,600.00)</b>	<b>285,600.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>1-Feb</b>						
21-Feb	(110,000.00)	110,000.00			0.00	
21-Feb	(15,500.00)	15,500.00			0.00	
13-Feb	(13,500.00)	13,500.00			0.00	
13-Feb	(72,500.00)	72,500.00			0.00	
7-Feb	(114,000.00)	114,000.00			0.00	
7-Feb	(15,000.00)	15,000.00			0.00	
3-Feb	(18,000.00)	18,000.00			0.00	
	<b>(358,500.00)</b>	<b>358,500.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>1-Mar</b>						
21-Mar	(20,000.00)	20,000.00			0.00	
21-Mar	(126,000.00)	126,000.00			0.00	
14-Mar	(16,000.00)	16,000.00			0.00	
7-Mar	(99,000.00)	99,000.00			0.00	
6-Mar	(20,000.00)	20,000.00			0.00	
	<b>(281,000.00)</b>	<b>281,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>1-Apr</b>						
25-Apr	(16,000.00)	16,000.00			0.00	
18-Apr		115,500.00		(115,500.00)	0.00	
16-Apr	(72,500.00)	72,500.00			0.00	
11-Apr	(26,000.00)	26,000.00			0.00	
11-Apr	(12,000.00)	12,000.00			0.00	

ULTIMED HMO OF MICHIGAN  
Transaction Report  
2003

To Platinum

Date	From General	To UCH	To Payroll	Health	Net	Reason
4-Apr		119,000.00		(119,000.00)	0.00	
	<u>(126,500.00)</u>	<u>361,000.00</u>	<u>0.00</u>	<u>(234,500.00)</u>	<u>0.00</u>	
1-May						
30-May	(102,500.00)	102,500.00				
23-May	(14,000.00)	14,000.00				
16-May	(6,500.00)	6,500.00				
16-May	(111,300.00)	111,300.00				
15-May	(20,000.00)	20,000.00				
6-May	(8,300.00)	8,300.00			0.00	
2-May	(115,500.00)	115,500.00			0.00	
	<u>(378,100.00)</u>	<u>378,100.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	
1-Jun						
27-Jun	(56,500.00)	56,500.00			0.00	
27-Jun	(68,500.00)	68,500.00			0.00	
20-Jun	(6,500.00)	6,500.00			0.00	
18-Jun	(30,000.00)	30,000.00			0.00	
13-Jun	(135,500.00)	135,500.00			0.00	
	<u>(297,000.00)</u>	<u>297,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	
1-Jul						
28-Jul	20,000.00	(20,000.00)			0.00	HB
28-Jul	(20,000.00)	20,000.00			0.00	
25-Jul	(148,900.00)	148,900.00			0.00	
23-Jul	(7,000.00)	7,000.00			0.00	
	<u>(155,900.00)</u>	<u>155,900.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	
1-Aug						
29-Aug	24,000.00	(24,000.00)			0.00	
8-Aug	(20,000.00)	20,000.00			0.00	UCH
	<u>4,000.00</u>	<u>(4,000.00)</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	
1-Sep						
						Payroll

ULTIMED HMO OF MICHIGAN  
Transaction Report  
2003

To Platinum

Date	From General	To UCH	To Payroll	Health	Net	Reason
29-Sep	3,000.00	(3,000.00)			0.00	
26-Sep	(10,000.00)	10,000.00			0.00	
26-Sep	45,000.00	(45,000.00)			0.00	
26-Sep	10,000.00	(10,000.00)			0.00	
23-Sep	21,000.00	(21,000.00)			0.00	
	<b>69,000.00</b>	<b>(69,000.00)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
1-Oct						
31-Oct	(80,000.00)	80,000.00			0.00	
30-Oct		5,000.00		(5,000.00)	0.00	
28-Oct		10,000.00		(10,000.00)	0.00	
24-Oct		(60,000.00)	60,000.00		0.00	
9-Oct	4,400.00	1,200.00		(5,600.00)	0.00	
	<b>(75,600.00)</b>	<b>36,200.00</b>	<b>60,000.00</b>	<b>(20,600.00)</b>	<b>0.00</b>	
1-Nov						
4-Nov	(8,000.00)	8,000.00			0.00	
	<b>(8,000.00)</b>	<b>8,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
1-Dec						
3-Dec						
	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
Year-To-Date						
	<b>(1,893,200.00)</b>	<b>2,088,300.00</b>		<b>(255,100.00)</b>	<b>0.00</b>	



Ultimed HMO of Michigan  
Transaction Report

Date	From General	To Claims	To Payroll	To UCH	Reason
<b>Dec-01</b>					
#####	\$ (350,000.00)	\$ 350,000.00			Medicaid Claims - 12/21/01
#####	\$ (8,500.00)			\$ 8,500.00	UCH Rent & Capitation
#####	\$ (55,000.00)			\$ 55,000.00	UCH Rent & Capitation
<b>Jan-02</b>					
1/3/2002	\$ (400,000.00)	\$ 400,000.00			Claims BAT 117-119
1/2/2002	\$ (83,000.00)		\$ 83,000.00		PP Ending 12/29/01

**Note:** All bank transfers 5 days before and after 12/31/2001

ULTIMATE HMO OF MICHIGAN  
Transaction Report  
2004

General	Claims	Payroll	Platinum	Ullicare	UCH	NET
1-Jan						0.00
30-Jan	(200,000.00)	200,000.00				0.00
28-Jan	(25,000.00)			25,000.00		0.00
27-Jan	(115,000.00)	115,000.00	(17,000.00)			0.00
23-Jan	17,000.00			30,000.00		0.00
18-Jan	(30,000.00)					0.00
15-Jan	(116,000.00)	116,000.00				0.00
	(469,000.00)	200,000.00	(17,000.00)	55,000.00	0.00	0.00
1-Feb						0.00
26-Feb	(114,000.00)	114,000.00				0.00
26-Feb	(357,500.00)	357,500.00				0.00
26-Feb	66,000.00		(66,000.00)		35,500.00	0.00
19-Feb	(35,500.00)					0.00
11-Feb	(160,000.00)	160,000.00				0.00
11-Feb	(112,000.00)					0.00
11-Feb	(90,000.00)	90,000.00				0.00
6-Feb	(235,000.00)	235,000.00				0.00
6-Feb	(100,000.00)	100,000.00				0.00
6-Feb	(40,000.00)				40,000.00	0.00
	(1,178,000.00)	942,500.00	(66,000.00)	0.00	75,500.00	0.00
1-Mar						0.00
31-Mar	(34,584.50)			34,584.50		0.00
29-Mar	(440,000.00)	440,000.00		10,000.00		0.00
26-Mar	(10,000.00)		102,000.00			0.00
24-Mar	(102,000.00)					0.00
24-Mar	(118,000.00)	118,000.00				0.00
22-Mar	(75,000.00)					0.00
18-Mar						0.00
17-Mar	125,000.00		(27,000.00)		27,000.00	0.00
11-Mar	(111,000.00)		(75,000.00)			0.00
10-Mar	(60,000.00)		(125,000.00)			0.00
4-Mar	(150,000.00)		150,000.00		60,000.00	0.00
3-Mar	(680,500.00)	680,500.00				0.00
3-Mar	(1,656,084.50)	1,120,500.00	25,000.00	44,584.50	27,000.00	0.00
					60,000.00	0.00
1-Apr						0.00
22-Apr	(280,000.00)	280,000.00				0.00
21-Apr	(110,000.00)					0.00
13-Apr	(58,500.00)	110,000.00			58,500.00	0.00
8-Apr	(119,000.00)	119,000.00				0.00
8-Apr	(567,500.00)	280,000.00	(18,000.00)	0.00	58,500.00	0.00
					18,000.00	0.00
1-May						0.00
25-May	(18,000.00)				18,000.00	0.00
20-May	(111,000.00)					0.00
14-May	(75,000.00)	111,000.00				0.00
13-May	(125,000.00)	(75,000.00)				0.00
6-May	(61,000.00)	(61,000.00)			61,000.00	0.00
6-May	(112,000.00)	112,000.00				0.00
6-May	(173,000.00)	(173,000.00)	0.00	0.00	79,000.00	0.00
					0.00	0.00
1-Jun						0.00
30-Jun	(116,000.00)	116,000.00				0.00
24-Jun	(300,000.00)		100,000.00			0.00
24-Jun	(100,000.00)	300,000.00				0.00

D. Tillman Ck#36839

ULTIMED HMO OF MICHIGAN  
Transaction Report  
2004[illegible]

•

C.C.C.P.	Ultimed	UltiCare	U.C.H.
(2,549,903.22)	246,050.00	99,584.50	2,204,268.72

### UCH Monthly Reimbursements

Difference

ULTIMED HMO OF MICHIGAN  
Transaction Report  
2005

General	Payroll	Claims	Platinum	UCH	UCH	Ullicare	Other Withdrawals
1-Jan							
31-Jan		3,000.00	(3,000.00)				0.00
28-Jan	136,000.00		(136,000.00)				0.00
24-Jan		11,000.00	(11,000.00)				0.00
21-Jan	4,000.00	20,500.00	(24,500.00)				0.00
21-Jan			(40,000.00)				0.00
20-Jan	5,000.00	6,000.00	(17,500.00)		40,000.00		6,500.00
19-Jan		20,000.00	(22,000.00)				2,000.00
19-Jan	14,156.15		(14,156.15)				0.00
13-Jan	35,000.00		(35,000.00)				0.00
13-Jan			(60,000.00)	60,000.00			0.00
12-Jan	110,000.00		(110,000.00)				0.00
11-Jan			(16,000.00)	16,000.00			0.00
7-Jan			(40,000.00)		40,000.00		0.00
	58,156.15	0.00	60,500.00	76,000.00	80,000.00	0.00	8,500.00
1-Feb							
25-Feb	94,000.00		(94,000.00)				0.00
11-Feb			(40,000.00)				40,000.00
10-Feb			40,000.00				(40,000.00)
9-Feb	76,000.00		(76,000.00)				0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1-Mar							
23-Mar	79,000.00		(79,000.00)				0.00
11-Mar	78,000.00		(78,000.00)				0.00
3-Mar		14,000.00	(14,000.00)				0.00
3-Mar	(10,000.00)		10,000.00				10,000.00
2-Mar		2,337.23	(2,337.23)				0.00
2-Mar	9,920.74		(9,920.74)				0.00
	(79.26)	0.00	16,337.23	0.00	0.00	0.00	10,000.00
1-Apr							
29-Apr			(48,500.00)		48,500.00		0.00
29-Apr			(20,000.00)	20,000.00			0.00
29-Apr			(28,705.55)		28,705.55		0.00 Amgro Inc.
28-Apr	28,000.00		(28,000.00)				0.00
21-Apr	53,000.00		(53,000.00)				0.00
9-Apr			97,205.55	(97,205.55)			0.00
7-Apr	30,000.00		(30,000.00)				0.00
7-Apr	60,000.00		(60,000.00)				0.00
4-Apr			46,000.00	(46,000.00)			0.00
	0.00	0.00	0.00	(123,205.55)	77,205.55	0.00	0.00
1-May							
20-May	15,000.00		(15,000.00)				0.00
20-May			(35,000.00)	35,000.00			0.00
20-May			(15,000.00)	15,000.00			0.00
18-May	82,000.00		(82,000.00)				0.00

ULTIMED HIMO OF MICHIGAN  
Transaction Report  
2005

General	Payroll	Claims	Platinum	UCH	UHCare	Other Withdrawals
16-May			(17,000.00)	17,000.00		0.00
11-May	28,000.00		(28,000.00)	28,000.00		0.00
11-May	4,000.00		(28,000.00)			0.00
6-May			(4,000.00)			0.00
4-May	81,000.00		(81,000.00)			0.00
3-May	3,400.00		(3,400.00)			0.00
2-May	2,000.00		(2,000.00)			0.00
	<b>52,400.00</b>	<b>0.00</b>	<b>(310,400.00)</b>	<b>95,000.00</b>	<b>0.00</b>	<b>0.00</b>
1-Jun						
29-Jun	83,000.00		(83,000.00)			0.00
24-Jun			(20,000.00)	20,000.00		0.00
15-Jun	(6,700.00)					6,700.00
15-Jun	(2,000.00)					0.00
14-Jun	81,000.00		(81,000.00)			0.00
14-Jun			(5,000.00)			0.00
1-Jun	81,000.00		(81,000.00)			0.00
	<b>7,000.00</b>	<b>0.00</b>	<b>(270,000.00)</b>	<b>20,000.00</b>	<b>0.00</b>	<b>6,700.00</b>
1-Jul						
28-Jul	54,000.00		(54,000.00)			0.00
28-Jul			(10,000.00)	10,000.00		0.00
25-Jul			(10,000.00)			0.00
21-Jul	30,000.00		(30,000.00)			0.00
14-Jul	48,000.00		(48,000.00)			0.00
14-Jul	2,000.00		(2,000.00)			0.00
13-Jul			(19,000.00)	19,000.00		0.00
13-Jul	25,000.00		(6,000.00)		6,000.00	0.00
13-Jul			(25,000.00)			0.00
	<b>0.00</b>	<b>0.00</b>	<b>(204,000.00)</b>	<b>29,000.00</b>	<b>16,000.00</b>	<b>0.00</b>
1-Aug						
30-Aug	2,500.00		(2,500.00)			0.00
24-Aug			(70,000.00)			0.00
19-Aug	70,000.00		(20,000.00)			20,000.00
11-Aug	53,000.00		(53,000.00)			0.00
10-Aug	23,000.00		(23,000.00)			0.00
2-Aug	12,000.00		(12,000.00)			0.00
	<b>14,500.00</b>	<b>0.00</b>	<b>(180,500.00)</b>	<b>0.00</b>	<b>0.00</b>	<b>20,000.00</b>
1-Sep						
22-Sep	23,000.00		(23,000.00)			0.00
16-Sep	(25,000.00)					25,000.00
12-Sep	7,000.00		(7,000.00)			0.00
9-Sep	21,000.00		(21,000.00)			0.00
9-Sep	20,000.00		(20,000.00)			0.00
8-Sep			(30,000.00)			30,000.00
7-Sep	45,000.00		(45,000.00)			0.00
2-Sep	8,000.00		(8,000.00)			0.00
	<b>8,000.00</b>	<b>0.00</b>	<b>(154,000.00)</b>	<b>0.00</b>	<b>0.00</b>	<b>55,000.00</b>

ULTIMED HMO OF MICHIGAN  
Transaction Report  
2005

General	Payroll	Claims	Platinum	UCH	UCH	Ulticare	Other Withdrawals
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ULTIMED HMO OF MICHIGAN  
Transaction Report  
2005

	General	Payroll	Claims	Platinum	UCH	UCH	Ulticare	Other Withdrawals
<b>1-Oct</b>								
5-Oct		23,000.00		(23,000.00)				
7-Oct		32,000.00		(32,000.00)				
14-Oct		6,000.00		(6,000.00)				
14-Oct	(3,000.00)	3,000.00						
14-Oct			(3,000.00)	3,000.00				
20-Oct	300.00	(300.00)						
25-Oct	2,500.00	(2,500.00)						
25-Oct	1,000.00			(1,000.00)				
27-Oct		(13,000.00)						
28-Oct		13,000.00						
	800.00	61,200.00	0.00	(3,000.00)	0.00	0.00	0.00	0.00
<b>1-Nov</b>								
30-Nov				(4,642.60)	4,642.60			
29-Nov		38,100.00		(38,100.00)				
28-Nov	2,900.00			(2,900.00)				
28-Nov	10,000.00		(10,000.00)					
25-Nov	15,000.00			(15,000.00)				
22-Nov		10,000.00		(10,000.00)				
22-Nov			265,000.00	(265,000.00)				
21-Nov	10,000.00			(10,000.00)				
18-Nov				(500,000.00)				500,000.00 These funds came back-in don't kno
18-Nov				(60,000.00)	60,000.00			
18-Nov		30,000.00		(30,000.00)				
15-Nov		10,000.00		(10,000.00)				
3-Nov		30,000.00		(30,000.00)				
2-Nov		10,000.00		(10,000.00)				
1-Nov	15,500.00			(15,500.00)				
1-Nov			16,500.00	(16,500.00)				
	53,400.00	128,100.00	0.00	271,500.00	64,642.60	0.00	0.00	500,000.00



ULTIMED HMO OF MICHIGAN  
Transaction Report  
2005

	General	Payroll	Claims	Platinum	UCH	UCH	Ullicare	Other Withdrawals
1-Dec								
30-Dec	1,000.00	3,800.00	(1,000.00)	(3,800.00)				0.00
30-Dec	4,650.00			(4,650.00)				0.00
28-Dec		11,500.00		(11,500.00)				0.00
27-Dec	2,000.00			(2,000.00)				0.00
27-Dec			10,000.00	(10,000.00)				0.00
22-Dec	(4,000.00)		4,000.00					
22-Dec		(5,000.00)	5,000.00					
20-Dec			(15,000.00)	15,000.00				0.00
20-Dec	(5,000.00)			5,000.00				0.00
20-Dec		(5,000.00)		5,000.00				0.00
16-Dec				(10,000.00)				0.00
15-Dec		20,000.00	10,000.00	(20,000.00)				0.00
13-Dec		20,000.00		(20,000.00)				0.00
9-Dec				(50,000.00)	50,000.00			0.00
2-Dec			40,000.00	(40,000.00)				0.00
1-Dec			16,500.00	(16,500.00)				0.00
1-Dec	20,000.00			(20,000.00)				0.00
	18,650.00	45,300.00	0.00	59,500.00	50,000.00	0.00	0.00	0.00
Year-To-Date	212,826.89	1,763,900.00	0.00	10,000.00	404,837.23	(3,376,406.72)	211,437.05	173,205.55
							0.00	600,200.00

	C.C.C.P.	UNKNOWN	ULTIMED	U.C.H.
2005 Year-To-Date Total Transfers	1,986,726.89	600,200.00	(2,971,569.49)	384,642.60
UCH Monthly Reimbursements				1,134,500.00
Difference				(749,857.40)

EXHIBIT C

American Express  
P.O. Box 297879  
Ft. Lauderdale, FL 33329-7879



Mon - Fri 8:00 AM - 8:00 PM, ET

Robin M Barclay  
Community Health Plain  
2401 20th Street  
Detroit MI 48216-1506

1-800-238-8091

January 06, 2005

05243



Dear Robin M Barclay:

We are contacting  
you because:

It's important for you to know that your account is past due.

- Business Card

Please be aware that new charges will be declined on the accounts listed within the Account Summary section, and (if applicable) you should advise any additional Cardmember(s) that their new charges will also be declined.

We would like you to:

**Make a payment immediately.** If you are unable to make a payment for at least the past due amount or have any questions, please call us today.

For Immediate Payment:

To make a payment by phone\*, call us at 1-800-I-PAY-AXP (1-800-472-9297). To make a payment on-line\*, visit us at <http://www.americanexpress.com/pbc> \*Certain restrictions apply

O Kristopik

O Kristopik  
Credit Operations

Please Pay  
Per Robin Barclay.

#### Account Summary

Product	Account Number	Past Due	+	New Billed Charges*	=	Total
Business	[REDACTED]	\$15.19		\$5,351.54		\$5,366.73

Fold here to detach, and return with your payment.

NOPIPD C90

Payment Coupon for  
Robin M Barclay

Past Due Amount  
Due Immediately

\*Please refer to your most recent billing statement(s) for specific Payment Due Date(s) and amount(s) due. For Lending Accounts or Flexible Payment Features, this amount represents your minimum due Amount.

Product	Account Number	Amount Enclosed
Business	[REDACTED]	\$ _____
Total		\$ _____

To ensure proper credit, you must enter the amount you are paying for each account listed on this Payment Coupon.

Please send one check, payable to American Express, with this Payment Coupon. Payment is due in U.S. Dollars.

Check here if your address or telephone number has changed. Note changes on the reverse side of this coupon. ☐

Overnight Mail Address  
Attn: US Payment FL  
American Express  
2965 W Corporate Lakes Blvd  
Weston, FL 33331-3626

American Express  
PO Box 5207  
Ft. Lauderdale, FL 33310-5207

0000378340370251005 000536673000001519 06H4

Ultimed HMO of Michigan  
2401 20th Street  
Detroit, MI 48216  
(313) 961-1717

**CHECK REQUEST**

DATE: 2/25/04

CHECK PAYABLE TO THE ORDER OF:

AMERICAN EXPRESS

FOR THE AMOUNT OF: \$ 13,319.45

REASON: JAN/FEB BILL

DEPT: \_\_\_\_\_

UCH - \$

ULC - \$

REQUEST BY: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

FINAL APPROVAL: \_\_\_\_\_

**FOR FINANCE DEPARTMENT USE ONLY**

ACCOUNT NO:		AMOUNT:	\$ 13,319.45
VENDOR NO:	A.E.	CHECK NO:	36727 36682
INVOICE NO:	FEB 04	CHECK DATE:	02/25/04

**Business Platinum Card®****OPEN**

SMALL BUSINESS NETWORK™

**520,065****Membership Rewards®****Points Available**at 02/08/04, when charges are paid in full  
and all your accounts are in good standing.Prepared For  
**ROBIN M BARCLAY**  
**COMMUNITY HEALTH PLN**Account Number  
[REDACTED]Closing Date  
**02/08/04**

Page 1 of 9

Previous Balance \$	Payments/Credits \$	New Charges \$	New Balance \$
711.30 CR	-118.50	14,149.25	13,319.45

**Please Pay By**  
**02/23/04**Please refer to page 2  
for important information  
regarding your account**Terms - Payable in full on receipt of Statement.**To manage your Account, visit us online at [open.americanexpress.com](http://open.americanexpress.com) or call Customer Service at  
1-800-492-8468.**Cardmember Snapshot**

Cardmember Name	Card Number	Total Payments/Credits \$	Total New Charges \$
ROBIN M BARCLAY	[REDACTED]	-118.50	10,336.37
HARLEY BROWN	[REDACTED]	0.00	3,812.88
<b>Total</b>		<b>-118.50</b>	<b>14,149.25</b>

**Activity**

\* Indicates posting date

**New Activity for ROBIN M BARCLAY**

Card XXXX-XXXXX2-58000

		Amount \$
01/31/04	NORTHWEST AIRLINES MINNEAPOLIS MN TKT# 0127537270783	-118.50
01/14/04	SWEET GEORGIA BROWN DETROIT MI	200.02
	FOOD/BEVERAGE	
	FOOD-BEV 160.02	
	WAITER 40.00	
01/16/04	DR MICHELLE HARDAWAY FARMNGTN HILLS MI	2,200.00
	MED SVCS	
01/16/04	BELLAGIO ROOM RES. LAS VEGAS NV	626.75
	LODGING CHRGS	
01/17/04	SPRINT PCS 218 FARMINGTON HILLS MI	243.78
	GOODS/SERVICES	
01/18/04	BROWN DERBY RESTAUR DETROIT MI	336.92
	FOOD/BEVERAGE	
	FOOD/BEV 336.92	

Please fold on the perforation below, detach and return with your payment ↓

Continued on Page 3



Prepared For  
**ROBIN M BARCLAY**  
**COMMUNITY HEALTH PLN**

Account Number  
**XXXX-XXXXX2-58000**

Closing Date  
**02/08/04**

Page 3 of 9

### New Activity Continued

Amount \$

01/18/04	BROWN DERBY RESTAURADETROIT	MI			45.00
	FOOD/BEVERAGE				
	FOOD/BEV		45.00		
01/18/04	BROWN DERBY RESTAURADETROIT	MI			200.00
	FOOD/BEVERAGE				
	FOOD/BEV		200.00		
01/20/04	EXPEDIA INC ATLANTA GA				418.20
	NORTHWEST AIRLINES				
	From: DETROIT MI-WAYNE C	To: ATLANTA GA	Carrier: NW	Class: BA	
		DETROIT MI-WAYNE C	NW	BA	
	Ticket Number: 01275372680116				
	Passenger Name: BARCLAY/R				
	Document Type: PASSENGER TICKET				
01/20/04	EXPEDIA INC ATLANTA GA				522.70
	NORTHWEST AIRLINES				
	From: DETROIT MI-WAYNE C	To: BIRMINGHAM AL	Carrier: NW	Class: MR	
		DETROIT MI-WAYNE C	NW	MR	
	Ticket Number: 01275372707836				
	Passenger Name: BARCLAY/R				
	Document Type: PASSENGER TICKET				
01/20/04	EXPEDIA INC ATLANTA GA				418.20
	NORTHWEST AIRLINES				
	From: DETROIT MI-WAYNE C	To: ATLANTA GA	Carrier: NW	Class: BA	
		DETROIT MI-WAYNE C	NW	BA	
	Ticket Number: 01275372926973				
	Passenger Name: BROWN/H				
	Document Type: PASSENGER TICKET				
01/20/04	EXPEDIA SVC/DLVRY FE800-397-3342	WA			5.00
	NON-REFUNDABLE				
01/20/04	EXPEDIA SVC/DLVRY FE800-397-3342	WA			5.00
	NON-REFUNDABLE				
01/20/04	EXPEDIA SVC/DLVRY FE800-397-3342	WA			5.00
	NON-REFUNDABLE				
01/20/04	NATIONAL ASSOCIATIONSILVER SPRINGS	MD			225.00
	MEDICAL/HEALTH SERVICES				
01/20/04	NATIONAL ASSOCIATIONSILVER SPRINGS	MD			225.00
	MEDICAL/HEALTH SERVICES				
01/22/04*	AIRFLIGHT INSURANCE PREMIUM				4.99
	TKT NO. 01275372707836				
01/22/04*	AIRFLIGHT INSURANCE PREMIUM				4.99
	TKT NO. 01275372680116				
01/22/04*	AIRFLIGHT INSURANCE PREMIUM				4.99
	TKT NO. 01275372926973				
01/22/04	DET METRO MCNAMA PARDETROIT	MI			28.00
	AUTO PARKING LOTS				
01/22/04	MED CNSLTNTS NTWRK ENGLEWOOD	CO			255.00
	PUBLISHING/PRINTING				
01/23/04	HARRY BAR & GRILL DETROIT	MI			105.75
	FOOD/BEVERAGE				
	FOOD/BEV		85.75		
	WAITER		20.00		
01/26/04	1099EXPRESS ALTA 361-991-1600	TX			199.00
	COMPUTER NETWRK/INF SVC				

Continued on reverse



Prepared For  
**ROBIN M BARCLAY**  
**COMMUNITY HEALTH PLN**

Account Number  
**XXXX-XXXXX2-58000**

Closing Date  
**02/08/04**

Page 5 of 9

### New Activity Continued

						Amount \$
02/05/04	DR MICHELLE HARDAWAY	FARMNGTN HLLS	MI			120.00
	MED SVCS					
02/06/04	EXPEDIA INC	ATLANTA	GA			384.20
	NORTHWEST AIRLINES					
	From:	To:	Carrier:	Class:		
	DETROIT MI-WAYNE C	LOS ANGELES CA	NW	VA		
		DETROIT MI-WAYNE C	NW	VA		
	Ticket Number:	01275396641116	Date of Departure:	02/07		
	Passenger Name:	BARCLAY/R				
	Document Type:	PASSENGER TICKET				
02/06/04	EXPEDIA INC	ATLANTA	GA			376.70
	NORTHWEST AIRLINES					
	From:	To:	Carrier:	Class:		
	DETROIT MI-WAYNE C	LAS VEGAS NV	NW	V7		
		DETROIT MI-WAYNE C	NW	V7		
	Ticket Number:	01275396810240	Date of Departure:	02/22		
	Passenger Name:	BARCLAY/R				
	Document Type:	PASSENGER TICKET				
02/06/04*	AIRFLIGHT INSURANCE PREMIUM					4.99
	TKT NO. 01275389651421					
02/06/04*	AIRFLIGHT INSURANCE PREMIUM					4.99
	TKT NO. 01275389650581					
02/06/04	EXPEDIA SVC/DLVRY	FE800-397-3342	WA			5.00
	NON-REFUNDABLE					
02/06/04	EXPEDIA SVC/DLVRY	FE800-397-3342	WA			5.00
	NON-REFUNDABLE					
02/06/04	MUSIC HALL CTR FOR T	DETROIT	MI			800.00
	TICKET AGENCIES					
02/07/04*	AIRFLIGHT INSURANCE PREMIUM					4.99
	TKT NO. 01275394610291					
02/07/04*	AIRFLIGHT INSURANCE PREMIUM					4.99
	TKT NO. 01275396641116					
02/07/04*	AIRFLIGHT INSURANCE PREMIUM					4.99
	TKT NO. 01275396810240					

### Total of New Activity for ROBIN M BARCLAY

New Charges 10,336.37  
 Payments/Credits -118.50

### New Activity for HARLEY BROWN

Card XXXX-XXXXX2-57010

01/02/04	ASPEN SNOWMASS EXPRESS	ASPEN CO				600.00
	NON AGENT - RETAILERS					
01/09/04	HOTEL JEROME-LODGING	ASPEN	CO			1,523.44
	LODGING					
01/13/04	MARIOS	DETROIT	MI			40.70
	01 FOOD AND BEVERAGE					
	FOOD-BEV			40.70		
01/14/04	JACOBY'S GERMAN BIERG	DETROIT	MI			68.99
	RESTAURANT					
	FOOD-BEV			58.99		
	WAITER			10.00		
01/19/04	OFFICE DEPOT, INC.	SOUTHFIELD	MI			89.61
	OFFICE PROD. & SUPPLIES					
	RECORDER, MICRO, UNI-DIR MIC/VOR					
	BATTERY, AA, 1.5V, ENERGIZER, 4/PK					
	TAPE, CASSETTE, MICRO, 60MIN, 9PK					
	PEN, PM ERASER, MAX, MED, 2PK, BLK					

Continued on reverse

Prepared For  
ROBIN M BARCLAY  
COMMUNITY HEALTH PLN

Account Number  
XXXX-XXXXX2-58000

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New Activity Continued					Amount \$
01/20/04	MARIOS	DETROIT	MI		41.95
	01 FOOD AND BEVERAGE				
	FOOD-BEV			41.95	
01/22/04	MARIOS	DETROIT	MI		97.85
	01 FOOD AND BEVERAGE				
	FOOD-BEV			97.85	
01/23/04	MARIOS	DETROIT	MI		47.65
	01 FOOD AND BEVERAGE				
	FOOD-BEV			47.65	
01/29/04	NORTHWEST AIRLINES	LIVONIA	MI		1,185.70
	From:	To:	Carrier:	Class:	
	DETROIT MI-WAYNE C	HOUSTON TX IAH	NW	M0	
		DETROIT MI-WAYNE C	NW	Y2	
	Ticket Number: 01221978127916		Date of Departure: 01/30		
	Passenger Name: BROWN/HARLEY				
01/31/04*	AIRFLIGHT INSURANCE PREMIUM				4.99
	TKT NO. 01221978127916				
02/02/04	DET METRO MCNAMA PAR	DETROIT	MI		112.00
	AUTO PARKING LOTS				
Total of New Activity for HARLEY BROWN					
					New Charges
					3,812.88
					Payments/Credits
					0.00
Total of New Activity					
					New Charges
					14,149.25
					Payments/Credits
					-118.50





Prepared For  
**ROBIN M BARCLAY**  
**COMMUNITY HEALTH PLN**

Account Number  
**XXXX-XXXXX2-58000**

Closing Date  
**02/08/04**

Page 3 of 9

**New Activity Continued**

Amount \$

01/18/04	BROWN DERBY RESTAURADETROIT	MI		45.00
	FOOD/BEVERAGE			
	FOOD/BEV		45.00	
01/18/04	BROWN DERBY RESTAURADETROIT	MI		200.00
	FOOD/BEVERAGE			
	FOOD/BEV		200.00	
01/20/04	EXPEDIA INC ATLANTA GA			418.20
	NORTHWEST AIRLINES			
	From: DETROIT MI-WAYNE C	To: ATLANTA GA DETROIT MI-WAYNE C	Carrier: NW NW	Class: BA BA
	Ticket Number: 01275372680116		Date of Departure: 01/20	
	Passenger Name: BARCLAY/R			
	Document Type: PASSENGER TICKET			
01/20/04	EXPEDIA INC ATLANTA GA			522.70
	NORTHWEST AIRLINES			
	From: DETROIT MI-WAYNE C	To: BIRMINGHAM AL DETROIT MI-WAYNE C	Carrier: NW NW	Class: MR MR
	Ticket Number: 01275372707836		Date of Departure: 01/27	
	Passenger Name: BARCLAY/R			
	Document Type: PASSENGER TICKET			
01/20/04	EXPEDIA INC ATLANTA GA			418.20
	NORTHWEST AIRLINES			
	From: DETROIT MI-WAYNE C	To: ATLANTA GA DETROIT MI-WAYNE C	Carrier: NW NW	Class: BA BA
	Ticket Number: 01275372926973		Date of Departure: 01/20	
	Passenger Name: BROWN/H			
	Document Type: PASSENGER TICKET			
01/20/04	EXPEDIA SVC/DLVRY FE800-397-3342	WA		5.00
	NON-REFUNDABLE			
01/20/04	EXPEDIA SVC/DLVRY FE800-397-3342	WA		5.00
	NON-REFUNDABLE			
01/20/04	EXPEDIA SVC/DLVRY FE800-397-3342	WA		5.00
	NON-REFUNDABLE			
01/20/04	NATIONAL ASSOCIATIONSILVER SPRINGS	MD		225.00
	MEDICAL/HEALTH SERVICES			
01/20/04	NATIONAL ASSOCIATIONSILVER SPRINGS	MD		225.00
	MEDICAL/HEALTH SERVICES			
01/22/04*	AIRFLIGHT INSURANCE PREMIUM			4.99
	TKT NO. 01275372707836			
01/22/04*	AIRFLIGHT INSURANCE PREMIUM			4.99
	TKT NO. 01275372680116			
01/22/04*	AIRFLIGHT INSURANCE PREMIUM			4.99
	TKT NO. 01275372926973			
01/22/04	DET METRO MCNAMA PARDETROIT	MI		28.00
	AUTO PARKING LOTS			
01/22/04	MED CNSLTNTS NTRWK ENGLEWOOD	CO		255.00
	PUBLISHING/PRINTING			
01/23/04	HARRY BAR & GRILL DETROIT	MI		105.75
	FOOD/BEVERAGE			
	FOOD/BEV		85.75	
	WAITER		20.00	
01/26/04	1099EXPRESS ALTA 361-991-1600	TX		199.00
	COMPUTER NTRWK/INF SVC			

Continued on reverse

**New Activity Continued**

Amount \$

01/29/04	AMEX DISABILITY PLANS, 1-888-668-9050 AMEX ACCIDENTDISABILITY	12.95
01/29/04	BEVERLY HILLS GRILL BEVERLY HILLS MI 01 FOOD AND BEVERAGE	73.07
01/31/04	WESTIN HOTELS ATL AR404-7627676 GA Arrival Date Departure Date 01/29/04 01/30/04 HOTEL/LODGING LODGING	122.11
02/01/04	EXPEDIA INC ATLANTA GA NORTHWEST AIRLINES From: To: Carrier: Class: DETROIT MI-WAYNE C PHOENIX AZ NW L3 DETROIT MI-WAYNE C NW L3 Ticket Number: 01275389650581 Passenger Name: BARCLAY/R Document Type: PASSENGER TICKET Date of Departure: 02/06	350.20
02/01/04	EXPEDIA INC ATLANTA GA NORTHWEST AIRLINES From: To: Carrier: Class: DETROIT MI-WAYNE C LAS VEGAS NV NW V7 DETROIT MI-WAYNE C NW L1 Ticket Number: 01275389651421 Passenger Name: BARCLAY/R Document Type: PASSENGER TICKET Date of Departure: 02/15	336.70
02/01/04	HERTZ CAR RENTAL ATLANTA GA Location Date Rental: ATLANTA GA 01/29/04 Return: ATLANTA GA 02/01/04 Agreement Number: 150300975 Renter Name: BARCLAY /ROBIN Reference Number: 020001	351.08
02/01/04	DET METRO MCNAMA PARDETROIT MI AUTO PARKING LOTS	84.00
02/01/04	WESTIN METROPOLITAN 734-9426500 MI F&B/RESTAURANT FOOD/BEV 31.80 TIP 10.00	41.80
02/02/04	WESTIN HOTELS ATL AR404-7627676 GA Arrival Date Departure Date 01/31/04 02/01/04 HOTEL/LODGING LODGING	308.80
02/02/04	EXPEDIA SVC/DLVRY FE800-397-3342 WA NON-REFUNDABLE	5.00
02/02/04	EXPEDIA SVC/DLVRY FE800-397-3342 WA NON-REFUNDABLE	5.00
02/04/04	RATTLESNAKE CLUB DETROIT MI FOOD/BEVERAGE FOOD/BEV 102.82 TIP 20.00	122.82
02/05/04	EXPEDIA INC ATLANTA GA NORTHWEST AIRLINES From: To: Carrier: Class: DETROIT MI-WAYNE C BIRMINGHAM AL NW MR DETROIT MI-WAYNE C NW MR Ticket Number: 01275394610291 Passenger Name: BARCLAY/R Document Type: PASSENGER TICKET Date of Departure: 02/17	522.70
02/05/04	EXPEDIA SVC/DLVRY FE800-397-3342 WA NON-REFUNDABLE	5.00

Continued on next page



Prepared For  
**ROBIN M BARCLAY**  
**COMMUNITY HEALTH PLN**

Account Number  
**XXXX-XXXXX2-58000**

Closing Date  
**02/08/04**

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### New Activity Continued

Amount \$

02/05/04	DR MICHELLE HARDAWAYFARMNGTN HLLS MI	120.00
	MED SVCS	
02/06/04	EXPEDIA INC ATLANTA GA	384.20
	NORTHWEST AIRLINES	
	From: To: Carrier: Class:	
	DETROIT MI-WAYNE C LOS ANGELES CA NW VA	
	DETROIT MI-WAYNE C NW VA	
	Ticket Number: 01275396641116 Date of Departure: 02/07	
	Passenger Name: BARCLAY/R	
	Document Type: PASSENGER TICKET	
02/06/04	EXPEDIA INC ATLANTA GA	376.70
	NORTHWEST AIRLINES	
	From: To: Carrier: Class:	
	DETROIT MI-WAYNE C LAS VEGAS NV NW V7	
	DETROIT MI-WAYNE C NW V7	
	Ticket Number: 01275396810240 Date of Departure: 02/22	
	Passenger Name: BARCLAY/R	
	Document Type: PASSENGER TICKET	
02/06/04*	AIRFLIGHT INSURANCE PREMIUM	4.99
	TKT NO. 01275389651421	
02/06/04*	AIRFLIGHT INSURANCE PREMIUM	4.99
	TKT NO. 01275389650581	
02/06/04	EXPEDIA SVC/DLVRY FE800-397-3342 WA	5.00
	NON-REFUNDABLE	
02/06/04	EXPEDIA SVC/DLVRY FE800-397-3342 WA	5.00
	NON-REFUNDABLE	
02/06/04	MUSIC HALL CTR FOR TDETROIT MI	800.00
	TICKET AGENCIES	
02/07/04*	AIRFLIGHT INSURANCE PREMIUM	4.99
	TKT NO. 01275394610291	
02/07/04*	AIRFLIGHT INSURANCE PREMIUM	4.99
	TKT NO. 01275396641116	
02/07/04*	AIRFLIGHT INSURANCE PREMIUM	4.99
	TKT NO. 01275396810240	

### Total of New Activity for ROBIN M BARCLAY

New Charges 10,336.37  
Payments/Credits -118.50

### New Activity for HARLEY BROWN

Card XXXX-XXXXX2-57010

01/02/04	ASPEN SNOWMASS EXPRESS ASPEN CO	600.00
	NON AGENT - RETAILERS	
01/09/04	HOTEL JEROME-LODGINGASPEN CO	1,523.44
	LODGING	
01/13/04	MARIOS DETROIT MI	40.70
	01 FOOD AND BEVERAGE	
	FOOD-BEV 40.70	
01/14/04	JACOBYS GERMAN BIERGDETROIT MI	68.99
	RESTAURANT	
	FOOD-BEV 58.99	
	WAITER 10.00	
01/19/04	OFFICE DEPOT, INC. SOUTHFIELD MI	89.61
	OFFICE PROD. & SUPPLIES	
	RECORDER,MICRO,UNI-DIR MIC/VOR	
	BATTERY,AA,1.5V,ENERGIZER,4/PK	
	TAPE,CASSETTE,MICRO,60MIN,9PK	
	PEN,PM ERASER,MAX,MED,2PK,BLK	

Continued on reverse

<b>New Activity Continued</b>					<b>Amount \$</b>
01/20/04	MARIOS	DETROIT	MI		41.95
	01 FOOD AND BEVERAGE			41.95	
	FOOD-BEV				
01/22/04	MARIOS	DETROIT	MI		97.85
	01 FOOD AND BEVERAGE			97.85	
	FOOD-BEV				
01/23/04	MARIOS	DETROIT	MI		47.65
	01 FOOD AND BEVERAGE			47.65	
	FOOD-BEV				
01/29/04	NORTHWEST AIRLINES	LIVONIA	MI		1,185.70
	From:	To:	Carrier:	Class:	
	DETROIT MI-WAYNE C	HOUSTON TX IAH	NW	M0	
		DETROIT MI-WAYNE C	NW	Y2	
	Ticket Number: 01221978127916				Date of Departure: 01/30
	Passenger Name: BROWN/HARLEY				
01/31/04*	AIRFLIGHT INSURANCE PREMIUM				4.99
	TKT NO. 01221978127916				
02/02/04	DET METRO MCNAMA PAR	DETROIT	MI		112.00
	AUTO PARKING LOTS				
<b>Total of New Activity for HARLEY BROWN</b>					
					New Charges 3,812.88
					Payments/Credits 0.00
<b>Total of New Activity</b>					
					New Charges 14,149.25
					Payments/Credits -118.50



Prepared For  
**ROBIN M BARCLAY**  
**COMMUNITY HEALTH PLN**

Account Number  
**XXXX-XXXXX2-58000**

Closing Date  
**02/08/04**

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Please detach here

### Travel Insurance Premium Refund Form

If you have been charged an insurance premium for one of the reasons listed on the back of this form, please  
1) provide the information requested and 2) check the reason for your refund. Attach additional pages if necessary.  
Please deduct the total premium refund from your payment and return this form with payment.

**In order to receive a refund you must fill out this form completely. Failure to do so may result in a delay in processing or a denial of your request. If you are claiming for an uninsured person you must indicate his/her name on the back of the form.**

Account Number

Vendor Name	Ticket/Rental Amount	Ticket/Rental Agreement No.	Month Billed	No. of Premiums	Program	Premium Amount	Total
"Airline"	\$374.20	001643835	March	1	Airflight	\$4.50	\$4.50

EXAMPLE

Total No. of premiums

### Use the back of this form or attach additional pages for additional premium refund requests.

Please check the reason for request to ensure a timely Refund.  
(See reverse side of your refund form for explanation.)

- ☐ Non-fare airline services charge (excess baggage, itinerary change, upgrade, cancellation, or any other non-air transportation charge).
- ☐ An uninsured person (someone other than yourself, your spouse, your dependent children under age 23\*, or your Additional Cardmembers and their spouses or dependent children under age 23\*):  
\* For NY residents only, under age 19.
- ☐ Non-scheduled airline flight (e.g. charter).
- ☐ Cancelled trip.

- ☐ Uninsured car rental vehicle (e.g. cargo van or motorcycle)
- ☐ Two or more premium charges for same car rental.
- ☐ Cancelled car rental/no show.
- ☐ Other charges unrelated to the actual car rental (e.g. gas).
- ☐ Car rental in an excluded country

Total Refund Requested

\$

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Prepared For  
**ROBIN M BARCLAY**  
COMMUNITY HEALTH PLN

Account Number  
XXXX-XXXXX2-58000

Closing Date  
02/08/04

Page 9 of 9



## Save 30% on Business Incorporation and Related Services



Business Filings provides you with everything you need to easily form a corporation, LLC, or nonprofit in any state. If your company is expanding, and you need to register to transact business in other states, Business Filings can prepare and file your certificate of authority. Business Filings also provides registered agent services, federal EINs, and can help prepare the necessary form to elect S corporation status.

Business Filings Incorporated is an incorporation service provider, not a law firm, and cannot provide legal advice. State filing fees excluded from discount. Discount requires payment with an American Express® Business Card. Offer and participation subject to change without notice.

To learn more about Business Filings' offerings and to take advantage of the exclusive 30% discount offered to members of OPEN: The Small Business Network™, log on to [open.americanexpress.com/bizfilings12](http://open.americanexpress.com/bizfilings12). (CE 104211)

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Visit any Staples store, [www.staples.com](http://www.staples.com), or call 1-800-333-3330. Please see [open.americanexpress.com/everydaysavings](http://open.americanexpress.com/everydaysavings) for more details. Participation and offer are subject to change without notice. Terms and Conditions apply. (CE 104213)

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SMALL BUSINESS NETWORK™

By adding Cards for your employees to your Account, you can consolidate virtually all of your business purchases onto one statement. Plus, with Expense Management Reports, you can track spending by employee and category, which can be especially beneficial during tax season. Additional Cards can also increase your savings when your employees use their Card at our Everyday Savings\* participants where they will enjoy the same ongoing savings as you do. To apply, call 1-877-770-2639.

\*Terms and Conditions apply.

To apply or for further information, call 1-877-770-2639.

(CE 104214)

**Business Platinum Card®****OPEN**

SMALL BUSINESS NETWORK™

**476,390****Membership Rewards®  
Points Available**at 01/08/04, when charges are paid in full  
and all your accounts are in good standingPrepared For  
**ROBIN M BARCLAY  
COMMUNITY HEALTH PLN**Account Number  
[REDACTED]Closing Date  
**01/08/04**

Page 1 of 7

Previous Balance \$	Payments/Credits \$	New Charges \$	Credit Balance \$
15,222.19	-21,458.89	5,525.40	<b>711.30 CR</b>

**Do Not Pay**  
Please refer to page 2  
for important information  
regarding your account

Credit balance - can be applied against future charges or you may request a refund.

To manage your Account, visit us online at [open.americanexpress.com](http://open.americanexpress.com) or call Customer Service at  
1-800-492-8468.**Cardmember Snapshot**

Cardmember Name	Card Number	Total Payments/Credits \$	Total New Charges \$
ROBIN M BARCLAY	[REDACTED]	-21,458.89	3,432.94
HARLEY BROWN	[REDACTED]	0.00	2,092.46
<b>Total</b>		-21,458.89	5,525.40

**Activity**

\* Indicates posting date

**New Activity for ROBIN M BARCLAY**

Card XXXX-XXXXX2-58000

Amount \$

01/04/04*	PAYMENT RECEIVED - THANK YOU		-14,163.14
01/04/04*	PAYMENT RECEIVED - THANK YOU		-7,295.75
12/11/03	GABY BRASSERIE FRANCFORT NY FOOD/BEV		220.53
12/12/03	SOFITEL HOTELS-NY F/NEW YORK LODGING CHARGES	NY	337.80
12/13/03	DET METRO MCNAMA PARDETROIT AUTO PARKING LOTS	MI	84.00
12/13/03	SOFITEL HOTELS-NY F/NEW YORK LODGING CHARGES	NY	1,029.25
12/14/03	MARRIOTT 33789NYMRQUNEW YORK LODGING	NY	568.99
	Arrival Date	Departure Date	No of Nights
	12/12/03	12/14/03	2

Continued on Page 3

**Payment Coupon**Account Number  
[REDACTED]**Do Not Pay** To Pay by Computer, visit  
[open.americanexpress.com](http://open.americanexpress.com). To Pay by Phone,  
call 1-800-472-9297.ROBIN M BARCLAY  
COMMUNITY HEALTH PLN  
2401 20TH ST  
DETROIT MI 48216-1506**Credit Balance  
\$711.30CR**Please enter account  
number on all checks and  
correspondence.Make check payable to  
American Express.Check here if address or  
telephone number has  
changed. Note changes on  
reverse side.AMERICAN EXPRESS  
PO BOX 360001  
FT LAUDERDALE FL 33336-0001

0000378340370258000 100071130000552540 0844



**Payments:** Payments received after 12:00 noon or on weekends or holidays may not be credited until the next business day. Payments must be in US Dollars and drawn on a bank located in the US. Unless you are paying by computer or by phone, please submit your payment in the enclosed envelope with the payment coupon and the account number indicated on the check. Please do not send post-dated checks. They will be deposited upon receipt. If payment is made in any other form or at any other location, there may be a delay in processing. We reserve the right to process checks electronically, at first presentment and any re-presentments, by transmitting the amount of the check, routing number, account number and check serial number to your financial institution. Your checking account may be debited as soon as the same day we receive your payment. If we can not collect the funds electronically at first presentment, we may issue a draft against your account for the amount of the check.

**Authorization for Electronic Payments:** By using the American Express Pay By Computer, Pay By Phone or any other American Express electronic payment service, you will be authorizing American Express to initiate an electronic debit to the financial account you specify in the amount you request. To use Pay By Computer, please visit us at [www.americanexpress.com](http://www.americanexpress.com).

**Late Fees:** We will assess fees for late payment in accordance with the Cardmember Agreement, as amended. To avoid fees for late payment, we must receive your payment for the amount due on this statement, not later than the closing date of your next statement.

**Lost or Stolen Card:** If the Card is lost or stolen, telephone us immediately at the number indicated on your paper statement or click on the Customer Service link online. Outside the U.S., call collect or contact the nearest American Express Travel Service Office or other local American Express office.

**In Case of Errors or Questions About Your Bill:** If you think your bill is wrong, or if you need more information about a transaction which appears on your statement, write or call the Customer Service department as indicated on your paper statement, or click on the Customer Service link online. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared.

**What We Need From You When You Have A Billing Inquiry:** 1. Your name and account number; 2. The dollar amount of the suspected error; 3. Describe the error and explain why you believe there is an error. If you need more information, describe the item you are unsure about. While we are investigating the amount in question, you are still obligated to pay the parts of your bill that are not in question. Please retain any receipts pertinent to your claim.

**In Case of Errors or Questions About Your Electronic Transfers:** Please contact us by visiting us online at [open.americanexpress.com](http://open.americanexpress.com), or you can call us at 1-800-IPAY-AXP for Pay By Phone and Pay By Computer issues, or 1-800-CASH-NOW for Express Cash and automatic payment issues. You can also write to the Express Cash Operations address indicated on your statement. If you think your statement, receipt, or transaction is wrong, please contact us as soon as possible. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared.

**When contacting us:** 1. Tell us your name and account number; 2. Provide the dollar amount of the suspected error; 3. Describe the error or the transfer you are unsure of, and explain as clearly as you can why you believe there is an error or why you need more information. We will investigate your complaint and correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

**Credit Balance:** If a credit balance (designated "CR") is shown on this statement, no payment is required. You may make charges against the credit balance or request a refund. Requests for refunds should be made in writing to the Refund Unit at the Customer Service address indicated on your paper statement, or click on the Customer Service link online.

**Creditor:** American Express Travel Related Services Company, Inc.



To Pay By Phone  
1-800-472-9297

Customer Service  
1-800-492-8468  
**24 hours/7 days**

Express Cash  
1-800-CASH-NOW

Lost or Stolen Card  
1-800-492-3344

International Collect  
1-623-492-7719

Hearing Impaired  
(9am-5pm EST)  
TTY: 1-800-221-0050  
FAX: 1-800-695-9090  
In NY: 1-800-552-1897



#### Correspondence

Customer Service  
P.O. Box 297804  
Ft. Lauderdale, FL  
33329-7804

Express Cash  
Operations  
P.O. Box 297815  
Ft. Lauderdale, FL  
33329-7815

**Payments**  
PO BOX 360001  
FT LAUDERDALE  
FL  
33336-0001

Change of Address  
If correct on front  
do not use

Name

Company  
Name

Street Address

City, State

Zip Code

Area Code and  
Home Phone

Area Code and  
Work Phone

Email

Providing your email  
address to American  
Express will enable you  
to receive special offers,  
suited to your needs.



Prepared For  
**ROBIN M BARCLAY**  
**COMMUNITY HEALTH PLN**

Account Number  
**XXXX-XXXXX2-58000**

Closing Date  
**01/08/04**

Page 3 of 7

### New Activity Continued

Amount \$

12/15/03	SOFITEL HOTELS-NY F/NEW YORK	NY							20.33
	LODGING CHARGES								
12/15/03	TLG*TRAVEL ADV 800-318-2709	CT							59.95
	TRAVELERS ADVANTAGE								
12/17/03	GREEKTOWN CASINO - ADETROIT	MI							192.00
	FOOD/BEVERAGE								
	FOOD/BEV		142.00						
	TIP		50.00						
12/20/03	GREEKTOWN CASINO - ADETROIT	MI							293.00
	FOOD/BEVERAGE								
	FOOD/BEV		243.00						
	TIP		50.00						
12/24/03	AMEX DISABILITY PLANS, 1-888-668-9050								12.95
	AMEX ACCIDENTDISABILITY								
12/25/03	EXPEDIA INC ATLANTA GA								266.50
	NORTHWEST AIRLINES								
	From: DETROIT MI-WAYNE C	To: ATLANTA GA			Carrier: NW	Class: QA			
		DETROIT MI-WAYNE C			NW	L0			
	Ticket Number: 01275344512761				Date of Departure: 12/26				
	Passenger Name: BARCLAY/R								
	Document Type: PASSENGER TICKET								
12/25/03	EXPEDIA SVC/DLVRY FE800-397-3342	WA							5.00
	NON-REFUNDABLE								
12/26/03*	AIRFLIGHT INSURANCE PREMIUM								4.99
	TKT NO. 01275344512761								
12/28/03	NORTHWEST AIRLINES ST. PAUL MN								100.00
	From: ATLANTA GA	To: Not Available			Carrier: NW	Class: L0			
	Ticket Number: 01221964470382				Date of Departure: 12/29				
	Passenger Name: BARCLAY/ROBI								
12/28/03	TWIST ATLANTAGA								34.61
	FOOD/BEV								
	FOOD/BEV		24.61						
	TIP		10.00						
12/28/03	SPONDIVITS EASTPOINT GA								125.71
	7011-28 FOOD&BEVERAGE								
	FOOD/BEV		108.91						
	TIP		16.80						
12/30/03	CREDIT CARD REGISTRY (800)227-2639								29.00
	1 YEAR MEMBERSHIP FEE								
12/31/03*	AIRFLIGHT INSURANCE PREMIUM								4.99
	TKT NO. 01221964470382								
1/1/05/04	MEXICAN VILLAGE DETROIT MI								43.34
	FOOD/BEVERAGE								
	FOOD		33.34						
	TIP		10.00						
<b>Total of New Activity for ROBIN M BARCLAY</b>									
									New Charges 3,432.94
									Payments/Credits -21,458.89

### New Activity for HARLEY BROWN

and XXXX-XXXXX2-57010

2/11/03	MARIOS DETROIT MI								162.90
	01 FOOD AND BEVERAGE								
	FOOD-BEV		162.90						

Continued on reverse



Prepared For  
**ROBIN M BARCLAY**  
**COMMUNITY HEALTH PLN**

Account Number  
**XXXX-XXXXX2-58000**

Closing Date  
**01/08/04**

Page 5 of 7

Please detach here

### Travel Insurance Premium Refund Form

If you have been charged an insurance premium for one of the reasons listed on the back of this form, please  
1) provide the information requested and 2) check the reason for your refund. Attach additional pages if necessary.  
Please deduct the total premium refund from your payment and return this form with payment.

**In order to receive a refund you must fill out this form completely. Failure to do so may result in a delay in processing or a denial of your request. If you are claiming for an uninsured person you must indicate his/her name on the back of the form.**

Account Number

**0788-100700000000**

Vendor Name	Ticket/Rental Amount	Ticket/Rental Agreement No.	Month Billed	No. of Premiums	Program	Premium Amount	Total	
"Airline"	\$374.20	001643835	March	1	Airflight	\$4.50	\$4.50	EXAMPLE

Total No. of premiums

### Use the back of this form or attach additional pages for additional premium refund requests.

Please check the reason for request to ensure a timely Refund.  
(See reverse side of your refund form for explanation.)

- |   |   |
|---|---|
| <input type="checkbox"/> Non-fare airline services charge (excess baggage, itinerary change, upgrade, cancellation, or any other non-air transportation charge).  | <input type="checkbox"/> Uninsured car rental vehicle (e.g. cargo van or motorcycle)  |
| <input type="checkbox"/> An uninsured person (someone other than yourself, your spouse, your dependent children under age 23*, or your Additional Cardmembers and their spouses or dependent children under age 23*).<br>* For NY residents only, under age 19. | <input type="checkbox"/> Two or more premium charges for same car rental.             |
| <input type="checkbox"/> Non-scheduled airline flight (e.g. charter).   | <input type="checkbox"/> Cancelled car rental/ no show.                               |
| <input type="checkbox"/> Cancelled trip.  | <input type="checkbox"/> Other charges unrelated to the actual car rental (e.g. gas). |
|   | <input type="checkbox"/> Car rental in an excluded country                            |

Total Refund Requested

\$

Page 6 of 7 "

<sup>4</sup>For NY residents only: Dependents under the age of 19 are covered for Automatic Flight Insurance.

**Relationship to You.**[illegible]



Prepared For  
ROBIN M BARCLAY  
COMMUNITY HEALTH PLN

Account Number  
XXXX-XXXXX2-58000

Closing Date  
01/08/04

Page 7 of 7



## Save 30% on Business Incorporation & Related Services



Business Filings provides you with everything you need to easily form a corporation, LLC, or nonprofit in any state. If your company is expanding, and you need to register to transact business in other states, Business Filings can prepare and file your certificate of authority. Business Filings also provides registered agent services, federal EINs, and can help prepare the necessary form to elect S corporation status.

Business Filings Incorporated is an incorporation service provider, not a law firm and cannot provide legal advice. State filing fees excluded from discount. Discount requires payment with an American Express® Business Card. Offer and participation subject to change without notice.

To learn more about Business Filings' offerings and to take advantage of the exclusive 30% discount offered to members of OPEN: The Small Business Network™, log on to [open.americanexpress.com/bizfilings12](http://open.americanexpress.com/bizfilings12)

(CE 104157)

## Maximize Savings. Consolidate Expenses.



By adding Cards for your employees to your Account, you can consolidate virtually all of your business purchases onto one statement. Plus, with Expense Management Reports you can track spending by employee and category, which can be especially beneficial during tax season. Additional Cards can also increase your savings when your employees use their Card at our *Everyday Savings\** participants where they will enjoy the same ongoing savings as you do. To apply or for further information, call 1-877-770-2639.

To apply or for further information, call 1-877-770-2639.

(CE 104112)

\*Terms and Conditions apply.

## Get a \$10,000 to \$100,000 Line of Credit



There are so many things that can require a quick infusion of cash. Luckily, as a member of the OPEN Network, the Business Capital Line is there for you. Whether you're looking to invest in new office equipment, or just make payroll, the Business Capital Line is a great way to give your business the flexibility to handle almost anything. The application is simple and takes less than ten minutes to complete. And best of all, NO collateral is required and 100% of your line is available as cash. Apply today.

Call 1-800-276-2504 to apply. Or for more information, visit [open.americanexpress.com/lineofcredit/apply](http://open.americanexpress.com/lineofcredit/apply)

(CE 104119)

Subject to credit approval, not all customers may qualify. All applicants must have been in business for at least 2 years. Once approved the status of your account will be reviewed annually. Upon review you may be contacted to provide additional information.

## Save on Travel While Earning Membership Rewards® Points



Explore the new OPEN Network Online Travel Web site—it is easy to use and can save you money. When you book your trip with your Business Card at [open.americanexpress.com/businesstravel](http://open.americanexpress.com/businesstravel) you will enjoy exclusive savings of up to 20%\* off domestic flights, be able to purchase tickets with low cost carriers, and earn TRIPLE Membership Rewards points on all airline tickets.

Discover the new benefits of being part of the OPEN Network and book your next trip online at [open.americanexpress.com/businesstravel](http://open.americanexpress.com/businesstravel)

(CE 104117)

\*Additional Terms and Conditions apply. \*\* Offer applies to purchases made between 10/01/03 - 03/31/04. To be eligible to earn bonus points, you must be enrolled in the Membership Rewards program at the time of purchase. Purchases must be made on an eligible, enrolled American Express® Card. Bonus points will be credited to the account in 10-12 weeks after charges appear on your monthly billing statement. Bonus ID: 4379.

## Use your Card and Help Re-Open the Statue of Liberty!



The Statue of Liberty needs funding to make security upgrades before she can be re-opened to the public. At OPEN: The Small Business Network™ from American Express, we've made it easy for you to help—every time you use your Business Card throughout December and January, a donation will be made to the Statue of Liberty-Ellis Island Foundation.\*

Use your American Express® Business Card and help re-open the Statue of Liberty.

(CE 104115)

\*American Express will donate up to \$2,500,000 to The Statue of Liberty Foundation, Inc. based on one cent per eligible Card purchase between December 1, 2003 and January 31, 2004. Eligible Card purchases include all purchases made with an American Express Business Card from OPEN: The Small Business Network™ or a personal American Express® Card.

Offers are made only to Cardmembers who meet certain qualifying criteria. By responding you will be disclosing to the merchant that you meet these criteria.

## AMERICAN EXPRESS EXPENDITURE

February-2004				
AUTHORIZED USER	EVENT/REASON	BUS. AMT.	PER. AMT.	CREDIT
<b>RB's current month charges</b>				
1/31/04	Northwest Airlines			118.50
1/14/04	Sweet Georgia Brown	200.02		
1/16/04	Dr. Michelle Hardaway	2200.00		
1/16/04	Bellagio	626.75		
1/17/04	Sprint PCS	243.78		
1/18/04	Brown Derby	336.92		
1/18/04	Brown Derby	45.00		
1/18/04	Brown Derby	200.00		
1/20/04	Expedia, Inc.	418.20		
1/20/04	Expedia, Inc.	522.70		
1/20/04	Expedia, Inc.	418.20		
1/20/04	Expedia, Svc.	35.00		
1/20/04	National Association	225.00		
1/20/04	National Association	225.00		
1/22/04	Airflight Insurance	39.92		
1/22/04	Det Metro Mcnara	28.00		
1/22/04	Harry Bar & Grill	105.75		
1/26/04	1099 Express Alta	199.00		
1/29/04	Amex Disability Plans	12.95		
1/29/04	Beverly Hills Grill	73.07		
1/31/04	Westin Hotel	122.11		
2/1/04	Expedia, Inc.	350.20		
2/1/04	Expedia, Inc.	336.70		
2/1/04	Hertz Car Rental	351.08		
2/1/04	Det Metro Mcnara	84.00		
2/1/04	Westin Metropolitan	41.80		
2/2/04	Westin Hotel	308.80		
2/4/04	Rattlesnake Club	122.82		
2/5/04	Expedia, Inc.	522.70		
2/5/04	Dr. Michelle Hardaway	120.00		
2/6/04	Expedia, Inc.	384.20		
2/6/04	Expedia, Inc.	376.70		
2/6/04	Music Hall Ctr for Detroit	800.00		
<b>RB current month charges</b>		<b>10,076.37</b>	<b>0.00</b>	<b>118.50</b>
<b>HB current month charges</b>				
1/2/04	Aspen Snowmass	600.00		
1/9/04	Hotel Jerome	1523.44		
1/13/04	Marios	40.70		
1/14/04	Jacobys German Bierg	68.99		
1/19/04	Office Depot, Inc.	89.61		
1/20/04	Marios	41.95		
1/22/04	Marios	97.85		
1/23/04	Marios	47.65		
1/29/04	Northwest Airlines	1185.70		
1/31/04	Airflight Insurance	4.99		
2/2/04	Det Metro Mcnara	112.00		
<b>HB's sub-total</b>		<b>3,812.88</b>		
<b>BREAKDOWN</b>				
<b>LUNCH</b>	<b>TRAVEL</b>	<b>MISC</b>	<b>CREDIT</b>	<b>LODGING</b>
200.02	418.20	2200.00	118.50	626.75
336.92	522.70	243.78		122.11
45.00	418.20	35.00		308.80
200.00	350.20	225.00		1,523.44
105.75	336.70	225.00		
73.07	522.70	39.92		
41.80	384.20	28.00		
122.82	376.70	255.00		
40.70	1185.70	199.00		
68.99	4,515.30	12.95		
41.95		351.08		
97.85		84.00		
47.65		35.00		
1,422.52		120.00		
		800.00		
		600.00		
		89.61		
		112.00		
		5,655.34		
<b>Previous Balance due</b>		<b>5,525.40</b>		
<b>Paid by Ultimed</b>		<b>5,525.40</b>		
<b>RB charges less per.&amp;crs.</b>		<b>10,336.37</b>		
<b>HB charges less per.&amp;crs.</b>		<b>3,812.88</b>		
<b>Less Credits</b>		<b>118.50</b>		
<b>Total due by Ultimed</b>		<b>14,030.75</b>		

## Ruttenberg, April

---

**From:** rcminerjr@aol.com  
**Sent:** Monday, January 26, 2004 2:44 PM  
**To:** ARUTTENBERG@ULTIMED-HMO.COM  
**Subject:** Print this Credit Card Receipt - 1099 Express

Thanks for your credit card purchase of 1099 Express Software! Please print this receipt as your proof of purchase of 1099 Express Software and/or Services.

Card Name: ROBIN BARCLAY  
Amount: 199.00  
Description: 1-New User License 1099 Express  
Invoice: D012633  
AuthCode: 165832  
Response: Approved  
NetWkRef: VBVE02344846  
When: 01/26/2004 13:44:07  
E-Mail: ARUTTENBERG@ULTIMED-HMO.COM

Since you have purchased 1099 Express, you are entitled to the program Unlock Code or Password. However, to give you the Password we need your Program Serial Number and the above Invoice Number. The Program Serial Number is found on the program's Help/Register Menu.

Please reply to this E-Mail with your Program Serial Number and Invoice Number. E-Mail is the quickest way to receive your Password.

You may also call request your password by telephone (361-991-1600) or by fax (413 410-3009). Please feel free to give us a call anytime you need assistance.

Very truly yours,  
1099Express.Com development team

**1099  
Express**



Please keep this receipt as a record of your credit card purchase.

**Your transaction was approved!**

Reference # VBVE02344846  
Invoice #: D012633  
Description: 1-New User License 1099 Express  
Total Amount: 199.00  
Bill To: ROBIN BARCLAY  
ARUTTENBERG@ULTIMED-HMO.COM

Return

Thank you for your credit card purchase from 1099 Express!



Ultimed HMO of Michigan  
2401 20th Street  
Detroit, MI 48216  
(313) 961-1717

**CHECK REQUEST**

DATE: 3/18/04

CHECK PAYABLE TO THE ORDER OF:

AMERICAN EXPRESS

FOR THE AMOUNT OF: \$ 20,072.76

REASON: FEB/MAR CHARGES

DEPT:

UCH - \$

ULC - \$

REQUEST BY:

DEPARTMENT:

APPROVED BY: 

FINAL APPROVAL:

**FOR FINANCE DEPARTMENT USE ONLY**

ACCOUNT NO:	AMOUNT: \$ 20,072.76
VENDOR NO: A.E.	CHECK NO: 36770
INVOICE NO: MAR 04	CHECK DATE: 3-19-04

**Business Platinum Card®****OPEN**

SMALL BUSINESS NETWORK™

**546,262**  
**Membership Rewards®**  
**Points Available**at 03/09/04, when charges are paid in full  
and all your accounts are in good standingPrepared For  
**ROBIN M BARCLAY**  
**COMMUNITY HEALTH PLN**Account Number  
[REDACTED]Closing Date  
**03/09/04**

Page 1 of 12

Previous Balance \$	Payments/Credits \$	New Charges \$	New Balance \$
13,319.45	-13,946.20	20,699.51	20,072.76

**Please Pay By**  
**03/24/04**Please refer to page 2  
for important information  
regarding your account**See Page 9 For A Notice Of Changes To Your Agreement****See Page 11 For An Important Privacy Notice**

Terms - Payable in full on receipt of Statement.

To manage your Account, visit us online at [open.americanexpress.com](http://open.americanexpress.com) or call Customer Service at  
1-800-492-8468.**Cardmember Snapshot**

Cardmember Name	Card Number	Total Payments/Credits \$	Total New Charges \$
ROBIN M BARCLAY	[REDACTED]	-13,946.20	6,352.47
HARLEY BROWN	[REDACTED]	0.00	14,347.04
<b>Total</b>		<b>-13,946.20</b>	<b>20,699.51</b>

**Activity** \* Indicates posting date**New Activity for ROBIN M BARCLAY**

Card XXXX-XXXX2-58000

	Foreign Spending	Amount \$
03/07/04* PAYMENT RECEIVED - THANK YOU		-13,319.45
02/23/04 BELLAGIO ROOM RES LAS VEGAS NV LODGING CHRGs		-626.75
02/09/04 D L S LIMOUSINES SERVI BEVERLY HILLS CA GENERAL MDSE		396.00
02/09/04 HERTZ CAR RENTAL LOS ANGELES CA		285.49

	Location	Date
Rental:	LOS ANGELES CA	02/07/04
Return:	LOS ANGELES CA	02/09/04
Agreement Number: 154334036		
Renter Name: BARCLAY /ROBIN		
Reference Number: 030009		

**Payments:** Payments received after 12:00 noon or on weekends or holidays may not be credited until the next business day. Payments must be in US Dollars and drawn on a bank located in the US. Unless you are paying by computer or by phone, please submit your payment in the enclosed envelope with the payment coupon and the account number indicated on the check. Please do not send post-dated checks. They will be deposited upon receipt. If payment is made in any other form or at any other location, there may be a delay in processing. We reserve the right to process checks electronically, at first presentment and any re-presentments, by transmitting the amount of the check, routing number, account number and check serial number to your financial institution. Your checking account may be debited as soon as the same day we receive your payment. If we can not collect the funds electronically at first presentment, we may issue a draft against your account for the amount of the check.

**Authorization for Electronic Payments:** By using the American Express Pay By Computer, Pay By Phone or any other American Express electronic payment service, you will be authorizing American Express to initiate an electronic debit to the financial account you specify in the amount you request. To use Pay By Computer, please visit us at [www.americanexpress.com](http://www.americanexpress.com).

**Late Fees:** We will assess fees for late payment in accordance with the Cardmember Agreement, as amended. To avoid fees for late payment, we must receive your payment for the amount due on this statement, not later than the closing date of your next statement.

**Lost or Stolen Card:** If the Card is lost or stolen, telephone us immediately at the number indicated on your paper statement or click on the Customer Service link online. Outside the U.S., call collect or contact the nearest American Express Travel Service Office or other local American Express office.

**In Case of Errors or Questions About Your Bill:** If you think your bill is wrong, or if you need more information about a transaction which appears on your statement, write or call the Customer Service department as indicated on your paper statement, or click on the Customer Service link online. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared.

**What We Need From You When You Have A Billing Inquiry:** 1. Your name and account number; 2. The dollar amount of the suspected error; 3. Describe the error and explain why you believe there is an error. If you need more information, describe the item you are unsure about. While we are investigating the amount in question, you are still obligated to pay the parts of your bill that are not in question. Please retain any receipts pertinent to your claim.

**In Case of Errors or Questions About Your Electronic Transfers:** Please contact us by visiting us online at [open.americanexpress.com](http://open.americanexpress.com), or you can call us at 1-800-IPAY-AXP for Pay By Phone and Pay By Computer issues, or 1-800-CASH-NOW for Express Cash and automatic payment issues. You can also write to the Express Cash Operations address indicated on your statement. If you think your statement, receipt, or transaction is wrong, please contact us as soon as possible. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared.

**When contacting us:** 1. Tell us your name and account number; 2. Provide the dollar amount of the suspected error; 3. Describe the error or the transfer you are unsure of, and explain as clearly as you can why you believe there is an error or why you need more information. We will investigate your complaint and correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

**Credit Balance:** If a credit balance (designated "CR") is shown on this statement, no payment is required. You may make charges against the credit balance or request a refund. Requests for refunds should be made in writing to the Refund Unit at the Customer Service address indicated on your paper statement, or click on the Customer Service link online.

**Creditor:** American Express Travel Related Services Company, Inc.



To Pay By Phone  
1-800-472-9297

Customer Service  
1-800-492-8468  
**24 hours/7 days**

Express Cash  
1-800-CASH-NOW

Lost or Stolen Card  
1-800-492-3344

International Collect  
1-623-492-7719

Hearing Impaired  
(9am-5pm EST)  
TTY: 1-800-221-0050  
FAX: 1-800-695-9090  
In NY: 1-800-552-1897



**Correspondence**

Customer Service  
P.O. Box 297804  
Ft. Lauderdale, FL  
33329-7804

Express Cash  
Operations  
P.O. Box 297815  
Ft. Lauderdale, FL  
33329-7815

**Payments**  
P.O. BOX 650448  
DALLAS TX  
75265-0448



Prepared For  
**ROBIN M BARCLAY**  
**COMMUNITY HEALTH PLN**

Account Number  
**XXXX-XXXXX2-58000**

Closing Date  
**03/09/04**

Page 3 of 12

# **New Activity Continued**

Foreign Spending

Amount \$

02/10/04	DET METRO MCNAMA PARDETROIT AUTO PARKING LOTS	MI			84.00
02/11/04	CENTURY PLAZA HOTEL 310-2772000 Arrival Date: 02/07/04 Departure Date: 02/10/04 HOTEL/LODGING LODGING	CA			1,707.66
02/14/04	CONGRESS RESTAURANT&2487388674 FOOD BEVERAGE	MI			179.00
02/14/04	CONGRESS RESTAURANT&2487388674 FOOD BEVERAGE	MI			43.00
02/14/04	CONGRESS RESTAURANT&2487388674 FOOD BEVERAGE	MI			179.00
02/17/04	DET METRO MCNAMA PARDETROIT AUTO PARKING LOTS	MI			56.00
02/19/04	EXPEDIA INC ATLANTA GA NORTHWEST AIRLINES From: DETROIT MI-WAYNE C To: LAS VEGAS NV DETROIT MI-WAYNE C Ticket Number: 01275416097034 Passenger Name: BARCLAY/R Document Type: PASSENGER TICKET		Carrier: NW NW	Class: BA BA	616.70
02/19/04	EXPEDIA SVC/DLVRY FE800-397-3342 NON-REFUNDABLE	WA			5.00
02/21/04*	AIRFLIGHT INSURANCE PREMIUM TKT NO. 01275416097034				4.99
02/24/04	AMEX DISABILITY PLANS, 1-888-668-9050 AMEX ACCIDENTDISABILITY				12.95
02/28/04	EXPEDIA INC ATLANTA GA NORTHWEST AIRLINES From: DETROIT MI-WAYNE C To: ATLANTA GA DETROIT MI-WAYNE C Ticket Number: 01275428761143 Passenger Name: BARCLAY/R Document Type: PASSENGER TICKET		Carrier: NW NW	Class: MA KX	297.20
02/28/04	EXPEDIA SVC/DLVRY FE800-397-3342 NON-REFUNDABLE	WA			5.00
02/29/04*	AIRFLIGHT INSURANCE PREMIUM TKT NO. 01275428761143				4.99
02/29/04	NELSON EMAIL ORGANIZNELSON GOODS/SERVICES	BC		33.05 Canadian Dollars	25.16
03/04/04	CONGRESS RESTAURANT&2487388674 FOOD BEVERAGE	MI			335.25
03/07/04	NORTHWEST AIRLINES ST. PAUL MN From: ATLANTA GA To: Not Available Ticket Number: 01221000178426 Passenger Name: BARCLAY/ROBI		Carrier: NW NW	Class: MA MA	197.00
03/08/04	EXPEDIA INC ATLANTA GA NORTHWEST AIRLINES From: DETROIT MI-WAYNE C To: LAS VEGAS NV DETROIT MI-WAYNE C Ticket Number: 01275441905463 Passenger Name: BARCLAY/R Document Type: PASSENGER TICKET		Carrier: NW NW	Class: BA BA	616.70

Continued on reverse

ROBIN M BARCLAY  
COMMUNITY HEALTH PLN

XXXX-XXXXX2-58000

## New Activity Continued

Foreign Spending

Amount \$

03/08/04	EXPEDIA INC ATLANTA GA	515.20
	AMERICA WEST AIRLINES	
	From: To: Carrier: Class:	
	J F KENNEDY A/P NY LAS VEGAS NV HP WA	
	J F KENNEDY A/P NY HP WA	
	Ticket Number: 40175441900123 Date of Departure: 03/12	
	Passenger Name: LIGHTFOOT/L	
	Document Type: PASSENGER TICKET	
03/08/04	EXPEDIA INC ATLANTA GA	515.20
	AMERICA WEST AIRLINES	
	From: To: Carrier: Class:	
	J F KENNEDY A/P NY LAS VEGAS NV HP WA	
	J F KENNEDY A/P NY HP WA	
	Ticket Number: 40175441900134 Date of Departure: 03/12	
	Passenger Name: PAIGE/S	
	Document Type: PASSENGER TICKET	
03/08/04	DET METRO MCNAMA PARDETROIT MI	56.00
	AUTO PARKING LOTS	
03/08/04	EXPEDIA SVC/DLVRY FE800-397-3342 WA	10.00
	NON-REFUNDABLE	
03/08/04	EXPEDIA SVC/DLVRY FE800-397-3342 WA	5.00
	NON-REFUNDABLE	
03/09/04	WESTIN HOTELS ATL AR404-7627676 GA	199.98
	Arrival Date Departure Date	
	03/07/04 03/08/04	
	HOTEL/LODGING	
	LODGING	

## Total of New Activity for ROBIN M BARCLAY

New Charges  
Payments/Credits

6,352.47  
-13,946.20

## New Activity for HARLEY BROWN

Card XXXX-XXXXX2-57010

02/15/04	MARIOS DETROIT MI	224.70
	01 FOOD AND BEVERAGE	
	FOOD-BEV 224.70	
02/16/04	MARIOS DETROIT MI	75.75
	01 FOOD AND BEVERAGE	
	FOOD-BEV 75.75	
02/17/04	NORTHWEST AIRLINES LIVONIA MI	2,137.30
	From: To: Carrier: Class:	
	DETROIT MI-WAYNE C MEMPHIS TN NW Y2	
	LAS VEGAS NV NW Y2	
	DETROIT MI-WAYNE C NW Y3	
	Ticket Number: 01221985765340 Date of Departure: 02/18	
	Passenger Name: STEWARD/EMAN	
02/17/04	NORTHWEST AIRLINES LIVONIA MI	2,137.30
	From: To: Carrier: Class:	
	DETROIT MI-WAYNE C MEMPHIS TN NW Y2	
	LAS VEGAS NV NW Y2	
	DETROIT MI-WAYNE C NW Y3	
	Ticket Number: 01221985765350 Date of Departure: 02/18	
	Passenger Name: BROWN/HARLEY	
02/18/04	NORTHWEST AIRLINES DETROIT MI	475.70
	From: To: Carrier: Class:	
	DETROIT MI-WAYNE C LAS VEGAS NV NW L3	
	DETROIT MI-WAYNE C NW BA	
	Ticket Number: 01221985932463 Date of Departure: 02/20	
	Passenger Name: LATIMER/GAIL	

Continued on next page



Prepared For  
**ROBIN M BARCLAY**  
**COMMUNITY HEALTH PLN**

Account Number  
**XXXX-XXXXX2-58000**

Closing Date  
**03/09/04**

Page 5 of 12

New Activity Continued				Foreign Spending	Amount
02/19/04	SAM'S TOWN TUNICA	ROBINSONVILLE, MS			130.90
	Arrival Date	Departure Date	No of Nights		
	02/18/04	02/19/04	1		
	LODGING				
	ASSURED RESERVATION				
02/19/04	HOTEL JEROME-LODGING	ASPEN CO			2,285.16
	LODGING				
02/19/04	THE CHEESECAKE FCTRY	MARINA DEL REY CA			172.40
	FOOD/BEVERAGE				
02/20/04	AMERICA WEST AIRLINES	LOS ANGELES CA			292.10
	From:	To:	Carrier:	Class:	
	LOS ANGELES CA	LAS VEGAS NV	HP	Y6	
	Ticket Number: 40121556941060		Date of Departure: 02/20		
	Passenger Name: BROWN/HARLEY				
	Document Type: PASSENGER TICKET				
02/20/04	AMERICA WEST AIRLINES	LOS ANGELES CA			292.10
	From:	To:	Carrier:	Class:	
	LOS ANGELES CA	LAS VEGAS NV	HP	Y6	
	Ticket Number: 40121556941071		Date of Departure: 02/20		
	Passenger Name: STEWARD/EMANUEL				
	Document Type: PASSENGER TICKET				
02/20/04*	AIRFLIGHT INSURANCE PREMIUM				4.99
	TKT NO. 01221985765350				
02/20/04*	AIRFLIGHT INSURANCE PREMIUM				4.99
	TKT NO. 01221985765340				
02/21/04*	AIRFLIGHT INSURANCE PREMIUM				4.99
	TKT NO. 01221985932463				
02/21/04	MARRIOTT 337T7MRNBCH	MARINA DEL REY CA			322.82
	Arrival Date	Departure Date	No of Nights		
	02/19/04	02/20/04	1		
	LODGING				
02/21/04	MARRIOTT 337T7MRNBCH	MARINA DEL REY CA			272.25
	Arrival Date	Departure Date	No of Nights		
	02/19/04	02/20/04	1		
	LODGING				
02/21/04*	AIRFLIGHT INSURANCE PREMIUM				4.99
	TKT NO. 40121556941071				
02/21/04*	AIRFLIGHT INSURANCE PREMIUM				4.99
	TKT NO. 40121556941060				
02/22/04	BELLAGIO HOTEL & CASL	AS LAS VEGAS NV			722.27
	LODGING CHRGS				
03/02/04	NORTHWEST AIRLINES	DETROIT MI			408.20
	From:	To:	Carrier:	Class:	
	DETROIT MI-WAYNE C	LOS ANGELES CA	NW	VA	
		DETROIT MI-WAYNE C	NW	VE	
	Ticket Number: 01221992687953		Date of Departure: 03/04		
	Passenger Name: BROWN/HARLEY				
03/02/04	NORTHWEST AIRLINES	DETROIT MI			408.20
	From:	To:	Carrier:	Class:	
	DETROIT MI-WAYNE C	LOS ANGELES CA	NW	VA	
		DETROIT MI-WAYNE C	NW	VE	
	Ticket Number: 01221992697285		Date of Departure: 03/04		
	Passenger Name: STEWARD/EMAN				

Continued on reverse

**New Activity Continued**

New Activity Continued				Foreign Spending	Amount \$
03/02/04	NORTHWEST AIRLINES	DETROIT MI			398.20
	From:	To:	Carrier:	Class:	
	DETROIT MI-WAYNE C	LOS ANGELES CA	NW	VA	
		DETROIT MI-WAYNE C	NW	VA	
	Ticket Number: 01221992700250		Date of Departure: 03/04		
	Passenger Name: LARA/OCTAVIO				
03/02/04	NORTHWEST AIRLINES	DETROIT MI			408.20
	From:	To:	Carrier:	Class:	
	DETROIT MI-WAYNE C	LOS ANGELES CA	NW	VA	
		DETROIT MI-WAYNE C	NW	VE	
	Ticket Number: 01221992714866		Date of Departure: 03/04		
	Passenger Name: RO/KARA.MS				
03/03/04	MORTON'S OF SOUTHFIELD	MI			347.49
	00/FOOD AND BEVERAGE				
	FOOD/BEV	312.49			
	TIP	35.00			
03/05/04*	AIRFLIGHT INSURANCE PREMIUM				4.99
	TKT NO. 01221992697285				
03/05/04*	AIRFLIGHT INSURANCE PREMIUM				4.99
	TKT NO. 01221992687953				
03/05/04*	AIRFLIGHT INSURANCE PREMIUM				4.99
	TKT NO. 01221992714866				
03/05/04*	AIRFLIGHT INSURANCE PREMIUM				4.99
	TKT NO. 01221992700250				
03/06/04	ROSE CAFE MARKET	VENICE CA			119.70
	FOOD/BEVERAGE				
	FOOD-BEV	99.70			
	WAITER	20.00			
03/06/04	OAKWOOD MARINA DEL RMARINA DELREY	CA			2,225.00
	LODGING				
03/07/04	AMERICA WEST AIRLINES	PHOENIX AZ			441.40
	From:	To:	Carrier:	Class:	
	DETROIT MI-WAYNE C	LOS ANGELES CA	HP	BA	
		PHOENIX AZ	HP		
		DETROIT MI-WAYNE C	HP	Q	
				K	
	Ticket Number: 40121560715736		Date of Departure: 03/08		
	Passenger Name: SANDERS/AZELEA				
	Document Type: PASSENGER TICKET				
03/08/04*	AIRFLIGHT INSURANCE PREMIUM				4.99
	TKT NO. 40121560715736				
Total of New Activity for HARLEY BROWN				New Charges	14,347.04
				Payments/Credits	0.00
Total of New Activity				New Charges	20,699.51
				Payments/Credits	-13,946.20



Prepared For  
**ROBIN M BARCLAY**  
**COMMUNITY HEALTH PLN**

Account Number  
**XXXX-XXXXX2-58000**

Closing Date  
**03/09/04**

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Please detach here

### Travel Insurance Premium Refund Form

If you have been charged an insurance premium for one of the reasons listed on the back of this form, please  
1) provide the information requested and 2) check the reason for your refund. Attach additional pages if necessary.  
Please deduct the total premium refund from your payment and return this form with payment.

**In order to receive a refund you must fill out this form completely. Failure to do so may result in a delay in processing or a denial of your request. If you are claiming for an uninsured person you must indicate his/her name on the back of the form.**

Account Number

Vendor Name	Ticket/Rental Amount	Ticket/Rental Agreement No.	Month Billed	No. of Premiums	Program	Premium Amount	Total
Airline	\$374.20	001643835	March	1	Airflight	\$4.50	\$4.50

EXAMPLE

Total No. of premiums

### Use the back of this form or attach additional pages for additional premium refund requests.

Please check the reason for request to ensure a timely Refund.  
(See reverse side of your refund form for explanation.)

- |   |   |
|---|---|
| <input type="checkbox"/> Non-fare airline services charge (excess baggage, itinerary change, upgrade, cancellation, or any other non-air transportation charge).  | <input type="checkbox"/> Uninsured car rental vehicle (e.g. cargo van or motorcycle)  |
| <input type="checkbox"/> An uninsured person (someone other than yourself, your spouse, your dependent children under age 23*, or your Additional Cardmembers and their spouses or dependent children under age 23*).<br>* For NY residents only, under age 19. | <input type="checkbox"/> Two or more premium charges for same car rental.             |
| <input type="checkbox"/> Non-scheduled airline flight (e.g. charter).   | <input type="checkbox"/> Cancelled car rental/ no show.                               |
| <input type="checkbox"/> Cancelled trip.  | <input type="checkbox"/> Other charges unrelated to the actual car rental (e.g. gas). |
|   | <input type="checkbox"/> Car rental in an excluded country                            |

Total Refund Requested

\$



\* For NY residents only: Dependents under the age of 19 are covered for Automatic Flight Insurance.

**Uninsured Name**

### Relationship to You

[illegible]

## Notice of Changes to Your Agreement

We are making **Important Changes** to your American Express Cardmember Agreement governing the American Express® Card Account identified on this Notice. We urge you and any Additional Cardmembers on your Account to read this Notice carefully.

The changes made to the Cardmember Agreement will become effective as indicated below. This Notice formally amends that Agreement and any contrary or conflicting language in that Agreement is replaced fully and completely. Note that the terms of your Account are subject to change (including increasing **APRs** and fees and changing fixed **APRs** to variable **APRs**) in accordance with the Agreement governing your Account. All terms of the Agreement not amended herein remain in full force and effect.

This is an important Notice of changes to your American Express Card Account Agreement. We recommend that you carefully review the changes, and then file this Notice for future reference. If you have questions regarding this Notice, please call the telephone number listed on the back of your American Express Card.

### **Dishonored Payment Fee (Effective May 8, 2004)**

We are increasing the fee to \$38 whenever any check, similar instrument, electronic payment order that we receive, or a check presented at an American Express Travel Services Office or other authorized location is not honored by your bank or other financial institution. Accordingly, we are amending the **Other Fees** section of your Cardmember Agreement applicable to Dishonored Payments by replacing "\$29" with "\$38." We are also replacing the "\$29" with "\$38" in the **Fees** section of your "Agreement between Cardmember and American Express Travel Related Services Company, Inc. Concerning Electronic Funds Transfer Services."

### **APR Applicable to Extended Payment Option Accounts (Effective with billing periods ending in June 2004)**

We are amending the **Finance Charges** section of your Extended Payment Option Agreement as follows:

**Determining the Prime Rate Applicable to Your Account:** We are changing the timing of when we determine the Prime Rate used to calculate the variable **APRs** applicable to your Account to the higher of the 1st or 25th day of the month prior to the month in which your billing period ends. Accordingly, the subsection of the **Finance Charges** section of your Extended Payment Option Agreement that describes the Prime Rate is revised to replace "20th day" with "25th day."

**APR Applicable to Accounts in Default:** We are changing the Default Rate applicable to your Extended Payment Option Account from a fixed **APR** of 23.99% to a variable **APR** equal to the Prime Rate plus 21.99%. This change will apply to Accounts that are currently at the Default Rate as well as Accounts that go into default in the future.

Accordingly, the sentence in the **Finance Charges** section of your Extended Payment Option Agreement that describes the Default Rate is replaced with the following sentence:

"The Default Rate is a DPR which corresponds to an **APR** equal to the Prime Rate plus 21.99%."

## Other Important Information About Your Account

### **Annual EFT Error Resolution Notice**

This notice is to inform you about how you should notify us of errors or questions regarding any electronic fund transfers you initiate using your American Express Card or electronic payments you make to American Express using Pay By Phone, Pay By Computer, or any other American Express electronic payment service.

In case of errors or questions about your Electronic Transfers, please telephone us at 1-800-IPAY-AXP for Pay By Phone and Pay By Computer questions, and at 1-800-CASH-NOW for Express Cash and Automatic Payment questions. Alternatively, you may write to us at the Express Cash Operations address indicated on your billing statement or E-mail us by clicking on the Customer Service Link online at [www.americanexpress.com](http://www.americanexpress.com). We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared or question arose. When you contact us, please provide the following information:

- (1) Tell us your name and account number.
- (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the date and dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days of the call. We will determine whether an error occurred within 10 business days and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide we need up to 45 days, we will credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. For errors involving new accounts, point-of-sale or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.



## An Important Notice Concerning Cardmember Privacy

This Privacy Notice is addressed to United States holders of personal American Express® Charge Cards or accounts, Optima® Cards or accounts, and other personal credit card accounts that we issue, and to United States holders of business charge and credit cards from OPEN: The Small Business Network™ from American Express. This Notice explains how we collect and safeguard information about you and how to tell us your opt out choices. In this Notice, American Express Travel Related Services Company, Inc., American Express Centurion Bank, and American Express Bank, FSB are called "American Express," "we," "our," and "us." The cards and accounts that we issue are called "Cards" or "Card accounts." Holders of those Card accounts are called "Cardmembers" or "you." "Affiliates" refers to other companies in the American Express family, related to us by common control or ownership.

### What Information Do We Collect?

We obtain information about you from a variety of sources. You provide us with information about yourself, for example by completing Card applications. This includes your name, address, social security number, and income and asset information. Your use of the Card and your other transactions with us and our Affiliates provide us with additional information, such as your spending and payment history.

Other sources, such as credit reporting agencies and providers of marketing information, furnish us with additional information about your credit history, purchasing preferences, and other matters. We also obtain information in connection with our efforts to protect against fraud. We call all of this information "Cardmember Information."

### What Do We Do with This Information?

We use Cardmember Information in connection with delivering products and services to you. To do this it is often necessary to share it with our Affiliates and other companies we work with. These include companies that manage Card accounts, offer affinity, frequent-user, and reward programs, companies that perform marketing services and other business operations for us, and companies whose products or services are provided as a benefit of your Card account. We may also share Cardmember Information with other financial

institutions with whom we jointly offer products and services. And we may disclose it to other third parties as permitted by law. For example, we disclose Cardmember Information in response to subpoenas, to credit reporting agencies, and to help prevent fraud.

### Your Opt Out Choices

You have "opt out" choices about offers that may be sent to you and how those offers may be delivered to you. You may also opt out from certain disclosures of Cardmember Information. Your opt out choices and how to opt out are explained below.

### Offers for Products and Services of Other Companies

We work with other companies, such as merchants that accept the Card, so that you may receive offers for their products and services. We use Cardmember Information to help make these offers more relevant and valuable to you. If you respond to one of these offers, the other company will know certain information about you, such as your name, that you are a Cardmember, and that you met the qualifications established for the offer.

**Your choice:** You may opt out from receiving these offers by calling us at **800-297-8378** or by filling out the attached form and returning it to the address on the form. You may also include the form with your regular payment.

Please Note: You may receive additional privacy notices that provide information and different opt out choices for other Card accounts that are applicable only to those accounts.

**Please complete this form if you choose to opt out and wish to mail your response rather than use the toll-free number, which is 800-297-8378.** If you have already given us your choices, you don't need to respond unless you want to change your choices. Return this form to American Express along with your payment coupon using the payment envelope enclosed with your statement.

#### Offers for Products and Services of Other Companies

- ☐ Do not send me offers for products and services of other companies.

#### Credit Information Provided to Our Affiliates

- ☐ Do not share credit-related information about me (except as described in this Notice) with American Express Affiliates.

#### Offers for American Express Products and Services

- ☐ **Mail:** Do not mail me offers for American Express products and services.
- ☐ **Telephone Offers:** Do not contact me by telephone to offer me products and services.

If you do not have a payment envelope, mail your response to:  
**American Express**  
Cardmember Information Services  
P.O. Box 299836  
Ft. Lauderdale  
FL 33329-9836

## **Offers for American Express Products and Services**

### **Mail Offers**

We may mail you offers for American Express products and services.

**Your choice:** To opt out from receiving these mailings, call us at **800-297-8378** or fill out the attached form and return it to the address on the form. You may also include the form with your regular payment.

### **Telephone Offers**

We may contact you by telephone about our products and services or those that we offer with our business partners.

**Your choice:** To opt out from receiving telephone offers, call us at **800-297-8378** or fill out the attached form and return it to the address on the form. You may also include the form with your regular payment.

### **Information We Share with Our Affiliates**

Our Affiliates include financial advisors, publishers, insurers, and travelers cheques issuers. American Express Travel Related Services Company, Inc., and American Express Centurion Bank, and American Express Bank, FSB are Affiliates of each other. We may disclose certain Cardmember Information to our Affiliates to provide services for your Card account and to develop and send you offers for their products and services. We are permitted by law to share with our Affiliates information about our transactions and experiences with you, such as your payment history. But you can opt out of our sharing with our Affiliates other credit-related information (such as your credit history as shown on a consumer report).

### **Your Choice:**

To opt out from our sharing credit-related information with our Affiliates (except as permitted by law) call us at **800-297-8378** or fill out the attached form and return it to the address on the form. You may also include the form with your regular payment.

### **E-Mail Offers**

We may send you e-mail offers for our products and services, and those of our Affiliates and other companies we work with. We don't share e-mail addresses with other companies for them to market their own products and services to you.

**Your choice:** To opt out from receiving these e-mail offers, enter your preferences at the "Set E-Mail Preferences" page of our Internet Privacy Statement at [www.americanexpress.com/preferences](http://www.americanexpress.com/preferences).

### **Additional Information About Your Opt Out Choices**

If you are the primary Cardmember on your Card account, your opt out choices will also apply to any other Cardmembers on your Card account. If you opt out, we may still include notices and information about the Card and other products and services when communicating with you about your Card account and related products and services.

### **Information Security**

We take commercially reasonable physical, electronic and procedural steps to help safeguard Cardmember Information.

### **Former Customers**

If you cancel your Card, or your Card account(s) are closed, we will continue to treat and safeguard Cardmember Information about you as described in this Notice.

### **For Vermont Cardmembers Only**

If your Card account has a Vermont billing address, we will automatically treat your account as if you had checked the lower-left hand box on the attached opt out form. We may share your name and contact information, and information about our transactions or experiences with you, with financial institutions with whom we jointly offer financial products and services and with our Affiliates. This Notice describes opt out choices about certain other uses of Cardmember Information.

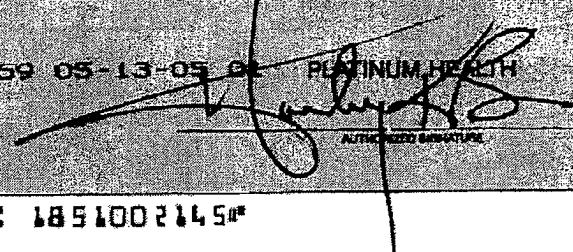
AMERICAN EXPRESS EXPENDITURE

March-2004				
AUTHORIZED USER	EVENT/REASON	BUS. AMT.	PER. AMT.	CREDIT
<b>RB's current month charges</b>				
2/23/04	Bellagio			626.75
2/9/04	DLS Limousine Service	396.00		
2/9/04	Hertz Car Rental	285.49		
2/10/04	Detroit Metro McNama Parking	84.00		
2/11/04	Century Plaza Hotel	1,707.66		
2/14/04	Congres Restaurant	179.00		
2/14/04	Congres Restaurant	43.00		
2/14/04	Congres Restaurant	179.00		
2/17/04	Detroit Metro McNama Parking	56.00		
2/19/04	Expedia, Inc.	616.70		
2/19/04	Expedia Service Delivery	25.00		
2/21/04	Airflight Insurance	9.98		
2/24/04	Amex Disability Plans	12.95		
2/28/95	Expedia, Inc.	297.20		
2/29/04	Nelson E-mail Organization	25.16		
3/4/04	Congres Restaurant	335.25		
3/7/04	Northwest Airlines	197.00		
3/8/04	Expedia, Inc.	616.70		
3/8/04	Expedia, Inc.	515.20		
3/8/04	Expedia, Inc.	515.20		
3/8/04	Detroit Metro McNama Parking	56.00		
3/9/04	Westin Hotel	199.98		
<b>RB's sub-total</b>		<b>6,352.47</b>	<b>0.00</b>	<b>626.75</b>
<b>HB current month charges</b>				
2/15/04	Mario's	224.70		
2/16/04	Mario's	75.75		
2/17/04	Northwest Airlines	2,137.30		
2/17/04	Northwest Airlines	2,137.30		
2/18/04	Northwest Airlines	475.70		
2/19/04	Sams Town Tunica	130.90		
2/19/04	Hotel Jerome	2,285.16		
2/19/04	The Cheesecake Factory	172.40		
2/20/04	America West Airlines	292.10		
2/20/04	America West Airlines	292.10		
2/20/04	Airflight Insurance	49.90		
2/21/04	Marriott	322.82		
2/21/04	Marriott	272.25		
2/22/04	Bellagio Hotel	722.27		
3/2/04	Northwest Airlines	408.20		
3/2/04	Northwest Airlines	408.20		
3/2/04	Northwest Airlines	398.20		
3/2/04	Northwest Airlines	408.20		
3/3/04	Morton's of Southfield	347.49		
3/6/04	Rose Café Market	119.70		
3/6/04	Oakwood Marina Del	2,225.00		
3/7/04	America West Airlines	441.40		
<b>HB's sub-total</b>		<b>14,347.04</b>		
<b>BREAKDOWN</b>				
<b>LUNCH</b>	<b>TRAVEL</b>	<b>MISC</b>	<b>CREDIT</b>	<b>LODGING</b>
179.00	616.70	396.00	626.75	1,707.66
43.00	297.20	285.49		199.98
179.00	197.00	84.00		2,285.16
335.25	616.70	56.00		322.82
224.7	515.20	25.00		272.25
75.75	515.20	59.88		722.27
347.49	2,137.30	12.95		2,225.00
119.70	2,137.30	25.16		7,735.14
<b>1,503.89</b>	475.70	56.00		
	292.10	130.90		
	292.10	172.40		
	408.20	<b>1,303.78</b>		
	398.20			
	408.20			
	441.40			
	<b>9,748.50</b>			
<b>Paid by Ultimed</b>		<b>13,946.20</b>		
<b>Previous Balance due</b>		<b>13,319.45</b>		
<b>RB charges less per.&amp;crs.</b>		<b>6,352.47</b>		
<b>HB charges less per.&amp;crs.</b>		<b>14,347.04</b>		
<b>Less Credits</b>		<b>626.75</b>		
<b>Paid by Ultimed</b>		<b>13,319.45</b>		
<b>Total due by Ultimed</b>		<b>20,072.76</b>		

EXHIBIT D

<b>PLATINUM HEALTH</b> 2401 20th STREET DETROIT, MI 48216		<b>COMERICA BANK</b> DETROIT, MICHIGAN 8-8720		<b>500993</b>  500993
***Eleven Thousand Five Hundred & No/100 Dollars				
PAY TO THE ORDER OF:	Tillman & Tillman 3400 Russell Street Suite 205 Detroit, MI 48207	033440628	DATE 7/20/05	AMOUNT \$11,500.00
		PLATINUM HEALTH AUTHORIZED SIGNATURE		
500993 072000096 1851002145				

<u>Location</u>	<u>Acct #</u>	<u>Check #</u>	<u>Amount</u>	<u>Issue Date</u>	<u>Paid Date</u>	<u>Sequence</u>
CD	1851002145	500993	\$11,500.00		7/20/2005	33440628
<u>Customer Data</u>	<u>Bank #</u>	<u>GL Category</u>	<u>CD VolID/CIMS Key</u>	<u>CD Label</u>		
	7200009		05080312025701	V05080312025711		
<u>Process Control</u>						

<b>PLATINUM HEALTH</b> 2401 20th STREET DETROIT, MI 48216		<b>COMERICA BANK</b> DETROIT, MICHIGAN 5-9/720	<b>500850</b> 500850
***Ten Thousand Seven Hundred Ninety-Nine & 69/100 Dollars			
DATE 05/03/05		AMOUNT \$10,799.69	
PAY TO THE ORDER OF Tillman & Tillman 3409 Russell Street Suite 205 Detroit, MI 48207	025358959 05-13-05 PLATINUM HEALTH  AUTHORIZED SIGNATURE		
500850 072000096 1851002145			

The security features on this document include: Three invisible stars to protect against chemical alterations. Fluorescent fibers visible only under ultraviolet light. Padlock icon in body of check to deter tampering. Microprint Signature Line reads "ORIGINAL DOCUMENT" when magnified, and "ORIGINAL DOCUMENT" Security Series must appear on the back to verify authenticity.	COMERICA PROCESSED*MI 025358959 05-13-05	8944 072000096	DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE RESERVED FOR FINANCIAL INSTITUTION USE De pos't on 14 1850633999
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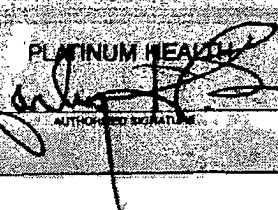
<u>Location</u>	<u>Acct #</u>	<u>Check #</u>	<u>Amount</u>	<u>Issue Date</u>	<u>Paid Date</u>	<u>Sequence</u>
CD	1851002145	500850	\$10,799.69	5/13/05	25358959	
<u>Customer Data</u>	<u>Bank #</u>	<u>GL Category</u>	<u>CD VolID/CIMS Key</u>	<u>CD Label</u>		
	7200009		05060217135001	V05060217135011		


Process Control

Legal - ?!





<b>PLATINUM HEALTH</b> 2401 20th STREET DETROIT, MI 48216	COMERICA BANK DETROIT, MICHIGAN 8-8720	<b>500829</b> 500829
***Twelve Thousand Seven Hundred Eighty-Five & No/100 Dollars		AMOUNT \$12,785.00
TO THE ORDER OF Tiffman & Tiffman 3400 Russell Street Suite 205 Detroit, MI 48207	055379221 05-06-05	DATE 05/03/05 AUTHORIZED SIGNATURE 
500829 0072000096 1851002145		

<p><b>COMERICA</b>  <b>PROCESSED</b>          055379221 05-06-05</p>	0072000096 8287	ENDORSE HERE: X  1851002145
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DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE. RESERVED FOR FINANCIAL INSTITUTION USE.

<u>Location</u>	<u>Acct #</u>	<u>Check #</u>	<u>Amount</u>	<u>Issue Date</u>	<u>Paid Date</u>	<u>Sequence</u>
CD	1851002145	500829	\$12,785.00		5/6/05	55379221
<u>Customer Data</u>	<u>Bank #</u>	<u>GL Category</u>	<u>CD VolID/CIMS Key</u>	<u>CD Label</u>		
	7200009		05060217135001	V05060217135011		

Process Control

*Legal - ?!*

<b>PLATINUM HEALTH</b> 2401 20th STREET DETROIT, MI 48218		<b>COMERICA BANK</b> DETROIT, MICHIGAN 9-9720		501264
***Ten Thousand & No/100 Dollars***		DATE		AMOUNT
Tillman & Tillman 3400 Russell Street Suite 205 Detroit, MI 48207		09/01/05		\$10,000.00
PAY TO THE ORDER OF:	024416523 09-01-05 01	PLATINUM HEALTH		Security Features: Details on back
		AUTHORIZED SIGNATURE		
# 501264# ⑈072000096⑈ 1851002145⑈				

COMERICA  
PROCESSED\*MI  
024416523 09-01-05 8689 >072000096<

1850633999

<u>Location</u>	<u>Acct #</u>	<u>Check #</u>	<u>Amount</u>	<u>Issue Date</u>	<u>Paid Date</u>	<u>Sequence</u>
CD	1851002145	501264	\$10,000.00		9/1/2005	24416523
<u>Customer Data</u>	<u>Bank #</u>	<u>GL Category</u>	<u>CD VOID/CIMS Key</u>	<u>CD Label</u>		
	7200009		05100318340901	V05100318340911		
<u>Process Control</u>						

*DEP*  
*558*

ULTIMED HMO OF MICHIGAN *JB* COMERICA BANK  
DETROIT, MI 48216  
9-8/720

73484  
73484

---Twenty-Five Thousand & No/100 Dollars

DATE 12/02/05 AMOUNT \$25,000.00

PAY TO THE ORDER OF: TILMAN & TILMAN  
3400 Russell Street  
Suite 205  
Detroit, MI 48207

025508222 12-02-05 01

ULTIMED HMO OF MICHIGAN  
*[Signature]*  
AUTHORIZED SIGNATURE

⑈073484⑈ ⑆022000096⑆ 1850835289⑈

Security Feature Details on back.

Location	Acct #	Check #	Amount	Issue Date	Paid Date	Sequence
CD	1850835289	73484	\$25,000.00		12/2/2005	25508222
Customer Data	Bank #	GL Category	CD Valid/CIMS Key	CD Label		
	7200009		06010410042701	V06010410042711		
Process Control						

*Legal plan*  
*with*